

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whiteford Makueeyapee ID # 3015941
Last name First Name
Date: 9-17-23 Time: 12:32 Place of Incident: HSH-1
Room/Cell: 002 Housing Unit: HSH-1 Job Assignment: Rel-Labor Pool
Infraction Number(s) & Name(s) 4228 Failure to obey written policy/operational procedure

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): on the date and time listed above
Inmate Whiteford, Makueeyapee #3015941 returned from chow with a different
Black. He was warned about this action on 9-15-23 at 17:20 and placed in the
warning log. Said action goes against unit rules/policy. See attached unit rule.

E.O.R.

REPORTING STAFF MEMBER: Duke, C Duke, C
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: _____
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Makueyapee ID #: 3015941Date: 9/13/23 Time: 1020 Housing Unit: H501Infraction Number(s) and Description: 4227- Failure to follow disciplinary☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: \$21 fine

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature: [Signature] Date: 9/13/23☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: _____

☐ **Refusal to Attend Disciplinary Hearing:**I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend.
(S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____Inmate Signature: [Signature] Date: 9/13/23Officer/Witness Signature: _____ Date: 9/13/23Disciplinary Hearing Officer/Unit Disciplinary Team Carni Walcott Date: 9/13/23Administrative Review Signature: [Signature] Date: 9/14/23

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒

MINOR ☐

RECEIVED BY E
SEP 11 2023
DISCIPLINARY

Inmate Name: Whitford makueyapae ID # 3015941
Last name First Name

Date: 9-8-23 Time: 8:18 pm Place of Incident: HSU-1 - UD

Room/Cell: UD-2 Housing Unit: HSU-1 Job Assignment: 801 - Labor Pool

Infraction Number(s) & Name(s): 4227 - Failure to follow written institutional policy
4227 - Failure to abide by the conditions of a disciplinary disposition

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the date and time listed above I
Sgt Duke was picking up tablets on the upper blocks. When entering UD, I found inmate
Whitford, m sitting at the table playing cards. Let it be known said inmate is on cell
restriction until 9/14/23 - Furthermore, he was given a copy of the cell restriction rules,
which he signed on 8-31-23

E. O. R

REPORTING STAFF MEMBER: Duke, C _____
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC : ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

LC 9/8/23 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: _____
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Agreement

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Cassie Walsted 09-13-23 _____
(Staff Signature) (Date & Time) (Inmate's Signature/ID#)

01020

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Makueyaper ID #: 3015941Date: 9 / 5 / 23 Time: 1045 Housing Unit: HSU1Infraction Number(s) and Description: 4227 Failure to abide by disciplinary disposition / 4213 Refusing orders☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** \$21 Fine*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*Inmate Signature: [Signature] Date: 9 / 5 / 23☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____ / ____ / ____

☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*

Inmate Signature: _____ Date: ____ / ____ / ____

Officer/Witness Signature: _____ Date: ____ / ____ / ____

Disciplinary Hearing Officer/Unit Disciplinary Team Carmi Walcott Date: 9/5/23Administrative Review Signature: [Signature] Date: 9/6/23

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

RECEIVED BY
SEP 03 2023
DISCIPLINARY

Inmate Name: Whitford, Makueeyapee ID # 3015941
Last name First Name
Date: 9-1-23 Time: 1845 Place of Incident: MSP
Room/Cell: 402 Housing Unit: HSU1 Job Assignment: 801 Labor Pool
Infraction Number(s) & Name(s) 4227 Failure to abide by the conditions of a disciplinary disposition. 4213 Refusing to obey a verbal "Direct" order / Command from any staff member
Staff Witness: 1. C/O Justice Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time upon returning to the block after pill pass 1pm Whitford, Makueeyapee A/O number 3015941 (currently on cell restriction until 9-16-23) got on the phone instead of locking back down, breaking rule number four of cell restriction, EOR

REPORTING STAFF MEMBER: C/O Justice [Signature]
(Print Name) (Sign Name)
Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

[Signature] 9/2/23 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: _____
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: agreement

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Carru Walata 9-5-23 [Signature]
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)



Montana Department of Corrections

Statement of Incident

Title: Whitford cell restriction **Statement #:** 93485
Incident Date: 09/01/2023 **Incident Time:** 09:45 PM **Statement Date:** 09/02/2023
Jurisdiction: Montana State Prison **Submission Category:** Submitted
Created by: Justice, Eric - 09/02/2023 **Updated by:** Justice, Eric (CIE425) - 09/02/2023

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/High Side Unit 1/D/UPPER/2/HUS1 UD day room

Summary of Incident

After the 1800 count cleared at approximately 1830 I C/O Justice Opened I/M Whitford, Makueeyapees A/O # 3015941 (currently on cell restriction until 9-16-23) cell and asked him if he would like to shower. He said yes and I told him to get it done and let me know when he was finished. He then went to his cell to get stuff to shower. After that I opened all dayrooms and started pill pass. At approximately 1840 I/M Whitford told me he was out of the shower, and I asked him to send the next I/M on cell restriction to the door. Once we got to Upper D for pills, I noticed I/M Whitford's door still open, and I found him in line for pills. Shortly after returning to the block from pill pass I/M Whitford, was witnessed getting on the phone instead of locking down, breaking rule four of cell restriction. I C/O Justice reminded I/M Whitford of the rules to which he replied, "I am on my fifteen" referring to rule number two. Then I said "Your funny, you know the rules. lock down". I/M Whitford ignored me and continued his phone call until approximately 1850. The phone records show CSN 312050035 having a four-minute phone conversation, and I/M Whitford can be seen on camera leaving the 10 house and getting on the phone, time stamped 1852.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Justice, Eric	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Justice, Eric

Reporting Staff: Justice, Eric

Title: Correctional Officer 1

Signature:

Date: 9-2-23

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed*

Supervisor Name: *B. Cunningham*

Title: *LT*

Signature: *B. Cunningham*

Date: 9/2/23

Routing List (Place an X next to those this report will be distributed to):

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

CELL RESTRICTION RULES

Whitford, Makueeyapee #3015941 has been placed on cell restriction after a disciplinary hearing. The following is a list of the rules for cell restriction. Failure to follow these rules while on restriction will result in another disciplinary report.

Start date: **09/01/2023 @ 0600** End date: **09/16/2023 @ 0600** Total days: **15**

THE RULES OF CELL RESTRICTION ARE AS FOLLOWS:

1. You are allowed to go to **work, school assignment, scheduled medical appointment, treatment appointments, visits, religious activities, and meals.**
2. You are allowed to shower once per day and when you return from work. You must return immediately to your cell. You have **15 minutes** to complete the shower.
3. You can leave your cell only to use the shower as approved and when called by the control officer or staff member. No inmate other than your cellmate can be at your cell, even to visit with your cellmate. Pick up forms such as OSR & medical kites during mass movement.
4. Use of the phone is not allowed, unless an emergency exists per MSP policy 5.4.3. "Inmate access to telephones".
5. Use of the electronic tablets is prohibited even if another inmate has checked one out.
6. If you are observed outside your cell for any reason, a disciplinary infraction report for **#4227: Failure to abide by the conditions of a disciplinary disposition or #4228: Failure to follow written institutional policy**, will be issued. **ANY SUBSEQUENT VIOLATIONS WILL RESULT DISCIPLINARY INFRACTION REPORT FOR #4213: Refusing to obey a verbal "DIRECT" order/command from any staff member. This may also include placement in PHC.**
7. Cell restriction starts and ends at 0600 hrs.

Inmate Signature

Date

Staff Member

Print Name:

File copy

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Makuecyapze First Name ID # 3015941
Date: 8/21/23 Time: 1715 Place of Incident: Hsu & UD
Room/Cell: UD2 Housing Unit: HSU1 Job Assignment: 801-Labor Pool
Infraction Number(s) & Name(s) 4219- Smoking
4234- Being in an unauthorized area

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date & approx.
time Lt. Sgt. Arneson reviewed video of UD block in HSU1. Inmate Whitford, M
3015941 can be seen exiting the cell where smoking paraphernalia
was found. EOR

REPORTING STAFF MEMBER: Kyle Arneson (Print Name) [Signature] (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC : ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

[Signature] (Shift Supervisor's Signature) 8/21/23 (Date) [Signature] (Warden or Designee Signature) / / (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: _____
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐

RECEIVED BY
MAR 13 2023
DISCIPLINARY

Inmate Name: Whitford Last name MaKueyapee First Name ID # 3015941
Date: 3/10/23 Time: 0810 Place of Incident: SAU
Room/Cell: L61 Housing Unit: SAU Job Assignment: 99999-unassigned
Infraction Number(s) & Name(s): 4213-Refusing to immediately obey a verbal "direct" order/command from any staff member

Staff Witness: 1. C/O Dehmatier Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time I Sgt. Shine gave inmate Whitford, M a direct order at his cell door to turn around and cuff up. I/m Whitford said it was suspicious we wanted to search his cell and he would not let us. EOR

REPORTING STAFF MEMBER: Sgt. Shine (Print Name) Sgt. Shine (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC : ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

LTB. BaHear (Shift Supervisor's Signature) 3/10/23 (Date) _____ (Warden or Designee Signature) _____ (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 03/12/23 Time: _____ hrs. Place: SAU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Sgt Larkins

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Carrie Walsted (Staff Signature) 03-15-23 (Date & Time) [Signature] (Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

0920

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY HEARING DECISION**

SAU
UG-3

Inmate's Name: Whitford, Makuagapee ID # 301594 Date: 03/21/2023
 Infraction Number(s) & Name(s): 4213 Refuse to Obey Orders
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
 Continuance granted to Date: ___ / ___ / ___ By: _____

Reason: _____

Plea: ☒ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: _____

I'm Guilty but I want to get it dropped to Minor

Evidence Provided: _____

Findings: ☒ Guilty of # 4213 ☐ Not Guilty of # _____

Evidence Relied On: _____

Infraction Report / Emails

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 11 Days Detention Suspended Sentence for 90 days

Reason(s) for findings: _____

offender Refused to Obey Direct Orders from staff

ADMINISTRATIVE REVIEW / DATE

3/22/2023

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Unable to Sign

Sgt. B.

Rabonell Cases

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Inmate Whitford, M Cell Search **Statement #:** 86049
Incident Date: 03/10/2023 **Incident Time:** 08:10 PM **Statement Date:** 03/10/2023
Jurisdiction: Montana State Prison **Submission Category:** Submitted
Created by: Shine, Michael - 03/10/2023 **Updated by:** Shine, Michael (CIE528) - 03/10/2023

Incident Scene

Incident Occurred at Facility? Yes
Location: Montana State Prison/High Side/Secure Adjustment Unit/G/LOWER/1

Summary of Incident

On the above date and approximate time I Sergeant Shine and C/o Delamater approached Inmate Whitford, M Ao: 3015941 cell door and told him to come to the food hatch, turn around, and cuff up. Inmate Whitford asked "why" and was told "we are conducting cell searches so turn around and cuff up." Inmate Whitford shook his head and stated "he was not gonna cuff up and let us search his cell because we did not have enough reason to do so. I Sgt. Shine then told the inmate that I am giving him a direct order to turn around and cuff up so that we could come in and search his cell. I/m Whitford still refused to cuff up and was told he would written up for this. EOR

Involved Persons

Category	Person	Narrative
Staff	Shine, Michael	Sergeant
Offender	Whitford, Makueeyapee - 3015941	Inmate refusing to comply with direct order

Source and Documentation

Anonymous Informant: No
Information Source: Staff - Shine, Michael
Reporting Staff: Shine, Michael **Title:** Correctional Sergeant
Signature: Sgt. Shine **Date:** 3/10/23

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Whitford will be searched tomorrow, if he refuses he will be locked up PHCDD

Supervisor Name: B. Baitear **Title:** LT
Signature: B. Baitear **Date:** 3-10-23

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
		<input type="checkbox"/> MCE

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: cell searching **Statement #:** 86051
Incident Date: 03/10/2023 **Incident Time:** 08:10 PM **Statement Date:** 03/10/2023
Jurisdiction: Montana State Prison **Submission Category:** Draft
Created by: Delamater, Tyler - 03/10/2023 **Updated by:** Delamater, Tyler (CID965) - 03/10/2023

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/G/LOWER/1/SAU, LG1

Summary of Incident

On the above date and time I (C.O delamater) and sergeant shine where going to cell search lower G1. When we got to the door, Sgt shine told Inmate Whitford#3015941 that we were going to search his cell and for him to cuff up. With that Whitford asked for a reason. Shine said there is no reason were doing random cell searches. Inmate Withford refused to cuff up and sergeant Shine tried to convince to do as instructed. He still refused and Sergeant Shine gave him a direct order to turn around and cuff up. Inmate withford still refused. Shine told him its going to be a wright up and we left the block.

EOR.

Involved Persons

Category	Person	Narrative
Staff	Shine, Michael	sergeant giving a direct order.
Offender	Whitford, Makueeyapee - 3015941	inmate refusing a direct order

Source and Documentation

Anonymous Informant: No

Information Source: Staff

Reporting Staff: Delamater, Tyler

Title:

Signature: *Delamater*

Date: 3/10/23

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Supervisor Name:

Title:

Signature:

Date:

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance

Note: This statement of Incident may be the only statement of the described incident, or It may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY *E*

OCT 04 2022

DISCIPLINARY

Inmate Name: Whitford Last name MaKueyapee First Name ID # 3015941
 Date: 10/3/2022 Time: 2:30 Place of Incident: RHV
 Room/Cell: LD6 Housing Unit: RHV Job Assignment: 99999 Unassigned
 Infraction Number(s) & Name(s) 4228 - Failure to Obey written policy / Operational Procedure
4211 - Stealing

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time while monitoring phone calls. It was determined that inmate Whitford #3015941 had violated MSP Procedure 3.3.7 by using another inmates account information to place phone calls. CSN 307183505, 307167785 CSN 307167743, CSN 307167307 CSN 307166455 CSN 307151295, CSN 307150873, CSN 307150823 were verified that the above inmate had violated 4211 - Stealing by utilizing another inmates account balance to place calls. FOR

REPORTING STAFF MEMBER:

SSgt Cunningham
(Print Name)SSgt C. J. [Signature]
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC :

☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

LT. [Signature]
(Shift Supervisor's Signature)10/3/22
(Date)_____
(Warden or Designee Signature)_____
(Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: _____
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Carmen Walster
(Staff Signature)10.06.22
(Date & Time)[Signature]
(Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Makueyapee ID #: 305947Date: 10/06/22 Time: 0955 Housing Unit: R144Infraction Number(s) and Description: 422813.377 Policy Violation 424 -
Stealing☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: \$21 Fine, 2 weeks phone rest & for 90 days*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*Inmate Signature: [Signature] Date: 10/6/22☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team Carmi Walter Date: 10/06/22Administrative Review Signature: [Signature] Date: 10/11/22

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

RECEIVED BY
JUL 20 2022
DISCIPLINARY

MAJOR ☒MINOR ☐

Inmate Name: Whitford Makucyapce ID # 3015941
Last Name First Name
Date: 7-19-2022 Time: 0950 Place of Incident: RHU
Room/Cell: 10-7 Housing Unit: RHU Job Assignment: 9999 Unassigned
Infraction Number(s) & Name(s) 4233 Unauthorized Communication

Staff Witness: 1. _____ Other Inmates involved 1. Walker, J. 3006664
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): As part of an investigation that dates back to the beginning of June 2022, inmate Whitford has made several phone calls on another inmate's phone account. Please see attached list and dates with CSN numbers for these unauthorized calls. Whitford also had an unauthorized call on 5-17-2022 as well.

E.O.R.

REPORTING STAFF MEMBER:

Ron McDonald
(Print Name)

R. Mc
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☐ Pre-Hearing Confinement☐ Release to Previous Status☐ Other

Approval for placement in PHC :

☐ Medical:☐ Mental Health:

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

LT M. H.
(Shift Supervisor's Signature)

7/19/22
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: RHU
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature]
(Staff Signature)

7/19/22 6925
(Date & Time)

(Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒ Waiver to Attend Hearing ☐ Refusal to Attend Hearing ☐Inmate Name: Whifford, Mekueyapoe ID #: 301594Date: 7/21/22 Time: 0925 Housing Unit: R44Infraction Number(s) and Description: 4233 Unauthorized Communication☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: Restitution \$50*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*Inmate Signature: _____ Date: 7/21/22☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team DC Gohy Date: 7/21/22Administrative Review Signature: MPG Date: 7/25/22

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY
JUL 05 2022
DISCIPLINARY

Inmate Name: Whittford MaKueyapee ID # 3015941
Last name First Name
Date: 7/15/2022 Time: 0837 Place of Incident: Tree Lodge Medical Center
Room/Cell: JMC2 Housing Unit: RHU Job Assignment: _____
Infraction Number(s) & Name(s) 711-assaulting staff

Staff Witness: 1. Burns, David Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time, J, CO Puccinelli was assaulted by J/M Whittford, M#3015941, J was attempting to keep J/M Whittford's spit bowl on when he threw me in the ribs and attempted to push me into the wall. EOR

REPORTING STAFF MEMBER: Puccinelli Puccinelli
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☒ Other

Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

[Signature] 7/05/22 / /
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION	
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.	
1. Hearing Date: <u>07/08/2022</u> Time: <u>1000</u> hrs. Place: <u>RHU</u>	
2. I understand the charge(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, verbally explain the charge(s) to the inmate).	
3. I waive my right to a hearing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if yes, have inmate sign an Agreement/Waiver/Refusal form)	
4. Present evidence and witnesses on my behalf: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If inmate has witnesses, have him/her complete a Witness Request form	
5. Other pertinent notations: _____	
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.	
<u>[Signature]</u> (Staff Signature)	<u>07/05/2022</u> (Date & Time)
	<u>Unable to Sign (SMP)</u> (Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford, Makueya pee MAJOR ☒ MINOR ☐
Infraction Number(s) & Name(s): 4111 Assaulting Staff ID # 305941 Date: 07/07/2022
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____/____/____ By: _____
Reason: _____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Waived Right to Hearing
Inmate's Statement: _____

Evidence Provided: _____

Findings: ☒ Guilty of # 4111 ☐ Not Guilty of # _____

Evidence Relied On: _____

Infraction Report / Incident Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$50.00 Fine

Reason(s) for findings: _____

Offender Assaulted Staff / already serving 30 Days DetentionADMINISTRATIVE REVIEW / DATE 7/13/22DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM W. Clark

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Waived Hearing

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeypee Statement #: 76367
 Incident Date: 07/05/2022 Incident Time: 12:40 AM Statement Date: 07/05/2022
 Jurisdiction: Montana State Prison Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Deerlodge medical center

Summary of Incident

On above date and time, I SSgt. Thornton received a call from officer Puccinelli at DLMC. He reported to me that I/M Whitford, Makueeypee AO# 3015941 was being uncooperative and that he had a use of force on the inmate to get him to comply. I stated that if the inmate is not being compliant then they needed to let the medical staff know, so that they could return him to MSP. Inmate Whitford was placed back in RHU safe cell for his previous self-harm. I requested to nurse Strey to assess him during pill pass. Use of force packet and incident reports completed.

Involved Persons

Category	Person	Narrative
Staff	Derieux, Gabriel	
Staff	Downs, David	
Staff	Strey, Heather	
Offender	Whitford, Makueeypee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Thornton, Warren

Reporting Staff: Thornton, Warren

Title: Correctional Sergeant

Signature: [Signature]

Date: 7/5/2022

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: [Signature]

Title: LT

Signature: [Signature]

Date: 7.05.2022

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP-Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford, M. #3015941 Statement #: 76363
 Incident Date: 07/05/2022 Incident Time: 12:35 AM Statement Date: 07/05/2022
 Jurisdiction: Montana State Prison Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/The incident occurred at the emergency room at Deer Lodge Medical Center.

Summary of Incident

On the above approximate date and time, inmate Whitford, Makueeyapee #3015941 was trying to take his spit hood off. Correctional officer Puccinelli told inmate Whitford to keep the spit hood on. Inmate Whitford resisted and kept trying to take the spit hood off. Officer Puccinelli grabbed the restraints on inmate Whitford's wrists to prevent inmate Whitford from taking off the spit hood. Inmate Whitford kneed Officer Puccinelli in the ribs. Officer Puccinelli doubled his fist and hit inmate Whitford in the chest. Officer Downs told inmate Whitford to stop. Inmate Whitford told me to tell officer Puccinelli to stop. The situation then deescalated.

Involved Persons

Category	Person	Narrative
Staff	Downs, David	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Downs, David

Reporting Staff: Downs, David

Title: Correctional Officer 1

Signature: [Signature] Date: 7-5-22

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: Thornton Title: SSgt.

Signature: [Signature] Date: 7/5/2022

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: use of force at DLMC

Statement #: 76365

Incident Date: 07/05/2022

Incident Time: 12:37 AM

Statement Date: 07/05/2022

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Deer Lodge Medical Center

Summary of Incident

On the above date and approximate time I/M Whitford, M # 3015941 was attempting to rip his spit hood off while we were at Deer Lodge Medical Center. I, CO Puccinelli grabbed the spit hood to stop I/M Whitford from ripping it apart and repositioned it on his face so it was covering his mouth and removed his hands from the spit hood and held them at his belly. I/M Whitford became agitated and started bucking around on the bed. I attempted to hold I/M Whitford stationary on the bed, and while I was doing that I/M Whitford brought his knees up and struck me in the ribs. in response I instinctively swung at his head, glancing off the back of I/M Whitfords head hitting the bed railing. I/M Whitford stood up and attempted to push me into the hospital wall, I forcefully returned him to the bed and subdued I/M Whitford and called command post alerting them that I had gone hands on and to mark the time that it had happened on my phone. I/M whitford had seemed to calm down by then so I backed off as to not upset him again. Then he ripped the spit hood completely off and told me "fuck you bitch". I did not respond to the verbal insult. EOR.

Involved Persons

Category	Person	Narrative
Staff	Downs, David	
Staff	Derieux, Gabriel	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff

Reporting Staff: Derieux, Gabriel

Title: Correctional Officer 1

Signature: PuccinelliDate: 7/5/2022

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: ThorntonTitle: SSgtSignature: SSgt ThorntonDate: 7/5/2022

Routing List (Place an X next to those this report will be distributed to):

_____ Helena Office

_____ Security Major

_____ Medical

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

RECEIVED BY
JUL 05 2022
DISCIPLINARY

Inmate Name: Whitford M ID # 3015941
Last name First Name
Date: 7/4/22 Time: 19:42 Place of Incident: L37
Room/Cell: L37 Housing Unit: RHU Job Assignment: MA
Infraction Number(s) & Name(s): 4210 - Destroying, altering, or damaging facility property or the property of another person, including flooding.

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time, C/O Bosch went to B-block on RHU and saw water coming from inmate Whitford's #3015941 Cell so I grabbed the water key and shut his water off and left the block

FOR

REPORTING STAFF MEMBER: Anthony Bosch (Print Name) [Signature] (Sign Name)
Supervisor Review: Kyle Arnesson (Print Name) [Signature] (Sign Name)
Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____
Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

[Signature]
(Shift Supervisor's Signature)

7/4/22
(Date)

[Signature]
(Warden or Designee Signature)

1/1
(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 7/5/22 Time: _____ hrs. Place: _____
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature]
(Staff Signature)

7/5/22
(Date & Time)

Unable to Sign (snup)
(Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY HEARING DECISION**

MAJOR ☒ MINOR ☐
 Inmate's Name: Whitford, Makueevsee ID # 30159 Date: 07/07/2022
 Infraction Number(s) & Name(s) 4210 Destroy Facility Property
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
 Continuance granted to Date: ___ / ___ / ___ By: _____
 Reason: _____
 Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Waived Right to a Hearing
 Inmate's Statement: _____

Evidence Provided: _____

Findings: ☒ Guilty of # 4210 ☐ Not Guilty of # _____

Evidence Relied On: _____

Infraction Report20-4210

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$30.00 Fine

Reason(s) for findings: _____

Offender Flooded his Cell

ADMINISTRATIVE REVIEW / DATE

7/11/22

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Waived Hearing

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

JUN 30 2022

DISCIPLINARY

Inmate Name: Whitford Makueeyapee ID # 3015941Date: June 29 '22 Time: Approx 1305 hrs Place of Incident: RHU, LB-7Room/Cell: LB-7 Housing Unit: RHU Job Assignment: unassigned 99999Infraction Number(s) & Name(s) 4212 Willfully blocking a locking device to include a window.4213 Refusing to immediately obey a direct order.Staff Witness: 1. C/O ShineOther Inmates involved 1. None2. C/O Bowers

2. _____

Description of Violation: (who, what, why, where, when and how): While conducting the 1330 hr. count, C/O Bowers attempted to get 'm Whitford to remove his bed mattress from the cell door and window by giving him verbal direct orders to do so. Whitford would not comply nor speak with the staff so they could properly count him. Shortly thereafter, I was notified and went to Whitford's cell. I spoke to Whitford many times, encouraging him to at least speak with me so I knew he was alright, he refused to acknowledge my presence, and my orders to speak and/or to remove the mattress that he had blocking his cell door window and food slot. Officer Shine was accompanied me onto the block and remained throughout my attempts to solicit a response and/or appropriate action to remove the mattress. EOR

REPORTING STAFF MEMBER:

Pasha, Larry Sgt.

(Print Name)

Sgt. Larry Pasha

(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☒ Pre-Hearing Confinement☐ Release to Previous Status☐ Other

Approval for placement in PHC :

☐ Medical:☐ Mental Health:

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 7/8/22Time: Any hrs.Place: RHU2. I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).3. I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Present evidence and witnesses on my behalf: ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form

5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature, if any)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford MaKueyape ID # 3015941
 Last name Approx. First Name
 Date: June 29'22 Time: 1305 hrs Place of Incident: RHU, LB-7
 Room/Cell: LB-7 Housing Unit: _____ Job Assignment: _____
 Infraction Number(s) & Name(s) 4216 Interfering with the taking of a count.

Staff Witness: 1. % Spine Other Inmates involved 1. None
 2. % Bowers 2. _____

Description of Violation: (who, what, why, where, when and how): — Nothing follows — EOR.

REPORTING STAFF MEMBER: Pasha, Larry Sgt. Sgt. Gary Pasha
 (Print Name) (Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status:

☐ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other

Approval for placement in PHC :

☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: _____
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Makueyapee ID #: 8015941Date: 7/1/22 Time: 0900 Housing Unit: R44Infraction Number(s) and Description: 4212. Tampering w/locking device
4213. Refusing☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 (5)] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: \$21 Fine / Already serving 30 days

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature: [Signature] Date: 7/1/22☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:**I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend.
(S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team Carri Walster Date: 7/1/22Administrative Review Signature: [Signature] Date: 7/6/22

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

RECEIVED BY *9*

JUN 17 2022

DISCIPLINARY

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford MakueeyaPee ID # 3015941
 Date: 6/16/22 Last name Whitford First Name MakueeyaPee
 Time: 0815 Place of Incident: LB-7 RHU
 Room/Cell: LB-7 Housing Unit: RHU Job Assignment: 9999-unassigned
 Infraction Number(s) & Name(s): 4111-assault
4210-Flooding

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): on the above date and approximate time I Correctional officer Roger Guillory was informed by the Primary Care that LB-7 which housed only inmate whitford #3015941 was flooding. I then grabbed the water key from the cage and proceeded to go turn his water off. as I past his door inmate whitford Threw a Brown liquid through the top of his door. I attempted to dodge the liquid But I got it on my back. This liquid was Brown and smelled of feces.

REPORTING STAFF MEMBER: Roger Guillory
 (Print Name)

[Signature]
 (Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☒ Pre-Hearing Confinement☐ Release to Previous Status☐ Other

Approval for placement in PHC :

☒ Medical: Joseph☒ Mental Health: TamkeReason: Assault

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 6/19/22Time: ANY hrs.Place: RHU2. I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).3. I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Present evidence and witnesses on my behalf. ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form

5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature]
 (Staff Signature)

(Date & Time)

6/16/22 1100 Unable to sign assaultive
 (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Makueeyapee ID #: 3015941Date: 6/17/22 Time: 1000 Housing Unit: R4HInfraction Number(s) and Description: 4111-Assault on staff + 4210 Flooding☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: \$50 fine*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.* C/O K. REISADInmate Signature: [Signature] FIM COULD NOT SIGN Date: / / ☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.Inmate Signature: _____ Date: / / ☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*Inmate Signature: _____ Date: / / Officer/Witness Signature: [Signature] Date: / / Disciplinary Hearing Officer/Unit Disciplinary Team Carrie White Date: 6/17/22Administrative Review Signature: [Signature] Date: 6/17/22

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeyapee 3015941

Statement #: 75559

Incident Date: 06/16/2022

Incident Time: 10:30 AM

Statement Date: 06/16/2022

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/RHU

Summary of Incident

On the above date and approximate time, I Lt. Snowden, was conducting a walkthrough of RHU. While conducting the walkthrough, I noticed a lot of water on B-Block and the smell of feces. Several inmates on the block were upset due to the flood, and inmate Whitford stopped me at LB 7 and told me that he had "mixed shit" with the water and he's going to throw it on as many staff as he can. I then contacted Command Post and told Capt. Thompson that he is continuing to threaten to assault staff. Inmate Whitford was moved to the safety management cell by CSRT without further incident. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Snowden, Thomas	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Snowden, Thomas

Reporting Staff: Snowden, Thomas

Title: Correctional Lieutenant

Signature: [Signature]Date: 6-16-2022

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: SSGT Shacker Title: Staff SergeantSignature: [Signature] Date: 6-16-27

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford assault with a bodily fluid **Statement #:** 75551
Incident Date: 06/16/2022 **Incident Time:** 09:00 AM **Statement Date:** 06/16/2022
Jurisdiction: Montana State Prison **Submission Category:** Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/B/LOWER/7

Summary of Incident

On the above date and approximate time I, Sgt Coughlin while escorting outside yard back into the building, was called to the main cage and was informed that B-Block was flooding. I then went and looked onto the block and seen water running out of LB-7 cell which is the cell that I/M Whitford, M. #3015941 resides. I then instructed C/O Guillory to retrieve the water key from the main cage and turn off LB-7 water. He retrieved the key and we went onto the block. He walked down the stairs and once he got close to I/M Whitford cell I seen I/M Whitford reach up to the top of his door and a brown substance came out of his cell striking C/O Guillory in the back. I then instructed C/O Hawley to retrieve the shield while I called the command post to inform them of the incident. We then went back onto B-Block with the shield. I handed the shield to C/O Guillory. He held the shield up to the door on the top as I opened the plumbing chase and shut off I/M Whitford's water. Once the water was shut off we exited the block without any further incident.

Involved Persons

Category	Person	Narrative
Staff	Guillory, Roger	Officer that was struck with what appeared to be feces.
Staff	Hawley, Alex	Officer that retrieved the shield.
Offender	Whitford, Makueeyapee - 3015941	Inmate that assaulted staff with a bodily fluid.

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Coughlin, Brett

Reporting Staff: Coughlin, Brett

Title: Correctional Sergeant

Signature:

Date: 6/16/22

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: SSGT Sharke

Title: Staff Sergeant

Signature:

Date: 6-16-22

Routing List (Place an X next to those this report will be distributed to):

_____ Helena Office

_____ Security Major

_____ Medical

_____ Maintenance

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: whitford assault

Statement #: 75555

Incident Date: 06/16/2022

Incident Time: 08:15 AM

Statement Date: 06/16/2022

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/B/LOWER/7

Summary of Incident

On the above date and approximate time I, Correctional Officer Roger Guillory was informed by the primary cage officer that an inmate on B-block in RHU was flooding. I grabbed the key from the cage and then proceeded onto B-block to see a large amount of water coming from LB-7. This house contained only Inmate Whitford #3015941. As I passed his cell door Inmate Whitford threw a brown liquid out of the top of the door. In my attempt to dodge the liquid I got it on my back. This brown liquid smelled of feces. I then went into the shower on the lower block next to cell LB-8. I asked Sergeant Coughlin to grab the shield as so I can deflect the liquid Inmate Whitford was attempting to throw out of his cell. While waiting for the shield Inmate Whitford continued to throw liquid out of the top of his cell. Once Sergeant Coughlin came back with the shield I placed it on the top of the door covering where Inmate Whitford was throwing liquid out. Sergeant Coughlin then turned the water to Inmate Whitford's cell off and we then proceeded off the block. EOR

Involved Persons

Category	Person	Narrative
Staff	Guillory, Roger	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Guillory, Roger

Reporting Staff: Guillory, Roger

Title: Correctional Officer 1

Signature:

Date: 6/16/22

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Supervisor Name: SSGT Sharkey

Title: Staff Sergeant

Signature:

Date: 6-16-22

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

RECEIVED BY *C*

JUN 14 2022

DISCIPLINARY

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Makuscyapac ID # 3015941
Last name First Name
Date: 6-13-2022 Time: 1920 Place of Incident: RHU B-Block
Room/Cell: LB7 Housing Unit: RHU Job Assignment: 99999- Unassigned
Infraction Number(s) & Name(s) 4235- Threatening any other person to include staff

Staff Witness: 1. 4208- Insolence: Words, actions, or other behaviors that cause alarm
2. _____ Other Inmates involved 1. _____
2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time I, Sgt. Amerson, was on B-Block observing the swamper's clean the block. Inmate Whitford, M# 3015941 started talking to me. He stated staff need to be respectful to him because if we are not he will be "gunning for us". He stated that he had made a "shit bomb" for S/O Guillory that he used out at yard. He also stated that he was gunning for Sgt. Connelin and UM Strutzels, Carla because she did not let him go to SAU. He was not specific on any plans that he will act on but I did get the impression that he was serious about everything that he stated. This caused enough alarm that I reported it to CP and was instructed to do this write up. EOR

REPORTING STAFF MEMBER:

Kyle Amerson
(Print Name)Kyle Amerson
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☐ Pre-Hearing Confinement☒ Release to Previous Status ☐ Other

Approval for placement in PHC :

☐ Medical:☐ Mental Health:Reason: Already on PHCDD

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

LTB. Boller
(Shift Supervisor's Signature)6/13/22
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 6/16/22 Time: 1920 Place: RHU
2. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
3. I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
4. Present evidence and witnesses on my behalf. ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
5. Other pertinent notations: Agreement

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Carrie Walston
(Staff Signature)6-16-22
(Date & Time)20045
(Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF IOWA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Makueyapee ID #: 3015741Date: 6/16/22 Time: 0845 Housing Unit: RH4Infraction Number(s) and Description: 4235 - Threatening 4208 - Insolence☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: \$25 Fine / already serving 30 days

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature: [Signature] Date: 6/16/22☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:**I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend.
(S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team Carni Walcott Date: 6/16/22Administrative Review Signature: [Signature] Date: 6/17/22

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeyapee #3015941

Statement #: 75411

Incident Date: 06/13/2022

Incident Time: 07:20 PM

Statement Date: 06/13/2022

Jurisdiction: Montana State Prison

Submission Category: Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/B/LOWER/7/Inmates cell at time of incident.

Summary of Incident

On the above date and approximate time I, SGT. Arneson, was on B Block observing the swamper clean the block. Inmate Whitford, M #3015941 started talking to me. He stated that staff need to be respectful to him because if we are not he will be gunning for us. He stated that he had made a "Shit Bomb" for C/O Guillory that he used out at yard. He also stated that he was gunning for SGT. Coughlin and unit manager in SAU because she did not let him go to SAU on level 3. He was not specific on any plans that he will act on but I did get the impression that he was serious about everything that he stated.

Involved Persons

Category	Person	Narrative
Staff	Arneson, Kyle	Acting SGT. in RHU
Offender	Whitford, Makueeyapee - 3015941	Inmate making statements
Staff	Guillory, Roger	Inmate stated he was "gunning for him"
Staff	Coughlin, Brett	Inmate stated he was "gunning for him"
Staff	Strutzel, Carla	Inmate stated he was "gunning for Her"

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Arneson, Kyle

Reporting Staff: Arneson, Kyle

Title: Correctional Sergeant

Signature:

Date: 6/13/2022

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name:

Title:

Signature:

Date: 6-13-22

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY
JUN 13 2022
DISCIPLINARYInmate Name: Whitford Last Name Makuceyapce First Name ID # 3015941Date: 6-12-2022 Time: 1512 Place of Incident: RHU Detention YardRoom/Cell: LB7 Housing Unit: RHU Job Assignment: 99999 - UnassignedInfraction Number(s) & Name(s) 4104 - Assaulting another inmate to include causing body fluids (urine, feces, spit, semen, blood, etc.) to come in contact with another inmate.Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time I/m Whitford, M# 3015941 threw fecal matter on inmates in the yard. I was called to the detention yard officer cat walk and was told that I/m [redacted] had feces thrown on him. I took the inmate from the yard and started taking all inmates back to their cells. During the course of this I was informed by inmates [redacted] and [redacted] that they also were struck by the fecal matter thrown by inmate whitford. I was informed by CP that the inmate that threw the fecal matter was inmate whitford, M# 3015941. FOR

REPORTING STAFF MEMBER: Kyle Arnesen (Print Name) Kyle Arnesen (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ OtherApproval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

[Signature] (Shift Supervisor's Signature) 6/12/22 (Date) [Signature] (Warden or Designee Signature) 1/1 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 6/15/22 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Inmate whitford requests an agreement

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature] (Staff Signature) 6-12-22/957 (Date & Time) [Signature] (Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☐Waiver to Attend Hearing ☐Refusal to Attend Hearing ☒Inmate Name: Whitford, MakweeyapeeID #: 3015941Date: 6/15/22Time: 1100Housing Unit: RHUInfraction Number(s) and Description: 4104 Assaulting another Inmate☐ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** _____*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*

Inmate Signature: _____ Date: ____/____/____

☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☒ **Refusal to Attend Disciplinary Hearing:***I told Inmate Whitford, Makweeyapee that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*I want an agreementInmate Signature: Refused Sgt. J.C. Date: ____/____/____Officer/Witness Signature: N BOWERS Date: ____/____/____Disciplinary Hearing Officer/Unit Disciplinary Team OC [Signature] Date: 6/15/22Administrative Review Signature: [Signature] Date: 6/16/22

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

1100

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY HEARING DECISION**

Inmate's Name: Whitford, Makuevaper MAJOR ☒ MINOR ☐ ID # 3015941 Date: 06/15/2022
 Infraction Number(s) & Name(s) 41104 Assaulting another Inmate
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
 Continuance granted to Date: ___ / ___ / ___ By: _____
 Reason: _____
 Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to Attend Hearing
 Inmate's Statement: _____

Evidence Provided: _____

Findings: ☒ Guilty of # 41104 ☐ Not Guilty of # _____
 Evidence Relied On: _____

Infraction Report / Video13-4111

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 30 Days Detention Suspend ~~Set~~ Sentence for 90 Days

Reason(s) for findings:

Offender assaulted another Inmate with bodily fluids.

ADMINISTRATIVE REVIEW / DATE

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#:

Refused Sgt. J.L.

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

RECEIVED BY *a*MSP ☒ MWP ☐

CONTRACT FACILITY: _____

JUN 10 2022

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

DISCIPLINARY

Inmate Name:

*Whitford**MaKuee yalpe*ID # *3015941*Date: *6/9/22*

Last name

First Name

Time: *0800*Place of Incident: *RHu*Room/Cell: *LD-7*Housing Unit: *RHu*Job Assignment: *99999-un assigned*Infraction Number(s) & Name(s) *1111 assault with Bodily Fluids**7235 Threatening*

Staff Witness: 1. _____

Other Inmates involved 1. _____

2. _____

2. _____

Description of Violation: (who, what, why, where, when and how): *on the above date and approximate Time I, collection officer Roger Guillory was searching houses in D-block in RHu. I went to cell LD-7 which housed only inmate whitford #3015941. I asked inmate whitford to cuff up so I can search his cell. inmate whitford stated he would not cuff up. I then asked him again to cuff up, inmate whitford again refused and became agitated. inmate whitford then covered the window. we left the food hatch open as we could still see inmate whitford through the food slot. inmate whitford then placed his mattress over the window and food slot. moments later inmate whitford started throwing liquids out of his food slot which some of the liquid struck me. the liquid was brown in color and had remnants of toilet paper on it. I showed where it landed on me to the camera. I then shut the food slot. moments later inmate whitford began yelling at me stating that he will "stick me" and "stick me in the kidneys" inmate whitford also grabbed a picture of a shank and stated "this will be in my eye. I will stick you when I get the chance."*

REPORTING STAFF MEMBER:

Roger Guillory
(Print Name)

Supervisor Review:

Sgt. Coughlin
(Print Name)*[Signature]*
(Sign Name)

Inmate Status:

☒ Pre-Hearing Confinement☐ Release to Previous Status☐ Other

Approval for placement in PHC :

☐ Medical:☐ Mental Health:

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

LT Snowden
(Shift Supervisor's Signature)*6/9/2022*
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: *6/12/2022* Time: *Any* hrs. Place: *RHu*2. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).3. I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form

5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature]
(Staff Signature)*6-9-22 1040*
(Date & Time)

(Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford MakueeyapeeID #: 3015941Date: 6/10/22Time: 10:50Housing Unit: R44Infraction Number(s) and Description: 4111 - Assault of staff + 4235 - Threatening☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: 30 days det, Credit 1 day, End 7-9-22

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature: [Signature]Date: 7/10/22☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____

Date: 1/1☐ **Refusal to Attend Disciplinary Hearing:**I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend.
(S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____

Inmate Signature: _____

Date: 1/1

Officer/Witness Signature: _____

Date: 1/1Disciplinary Hearing Officer/Unit Disciplinary Team Carrie WalsterDate: 6/10/22Administrative Review Signature: [Signature]Date: 6/14/22

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Whitford,m #3015941

Statement #: 75179

Incident Date: 06/09/2022

Incident Time: 08:31 AM

Statement Date: 06/09/2022

Jurisdiction: Montana State Prison

Submission Category: Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/D/LOWER/7

Summary of Incident

on the above date and time I co/durkin was on d-block in rhu performing cell searches. I was on the uppers searching when i heard an animated conversation on the lowers. when i went to the lower tier inmate whitford in Id-7was yelling about not coming out to be searched. he refused to be cuffed up and continued to yell profanity laced statements at the staff present. he also refused many orders to cuff up to be searched. The inmate was blocking his window and threatening co/Guillory directly and during this incident when we were closing his food slot Whitford threw some water out of the food slot laced with wet toilet paper and fecal matter hitting myself, the sgt and co/guillory. throughout this incident the inmate made direct threats to co/guillory. he stated "i am going to stab you right in the fucking heart" at one point he showed a picture of a shank he had that he said was one he had made before and stated " how are you going to like it when i Stab you in your heart". while waiting for a team to respond the inmate complied to being restrained and was moved to a detention block where his clothes were cut off him and he was given new scrubs and clothing.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff

Reporting Staff: Durkin, Ryan

Title: Correctional Officer 1

Signature: Co/ DurkinDate: 6-9-22

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Supervisor Name: Sgt. CoughlinTitle: SergeantSignature: Sgt. CoughlinDate: 6/9/22

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford,m #3015941

Statement #: 75179

Incident Date: 06/09/2022

Incident Time: 08:31 AM

Statement Date: 06/09/2022

Jurisdiction: Montana State Prison

Submission Category: Draft

____ Deputy Warden

____ Inmate Records File

____ MCE

____ Associate Warden

____ Inmate Unit File

____ Safety Committee

____ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeyapee_3015941

Statement #: 75177

Incident Date: 06/09/2022

Incident Time: 08:25 AM

Statement Date: 06/09/2022

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/D/LOWER/7/LD-7

Summary of Incident

On above date and time, after running yard on D-block in RHU, myself, Sgt. Coughlin, C/O Guillory and C/O Durkin went onto D-block to do some cell searches and when I went to LD-7 where the above inmate lives, he asked why I wanted him to cuff up, I told him he was going to be searched and he said "Fuck that, you fuckers aren't coming in here!" He refused several orders to cuff up. I then went and called Command Post and informed them of the situation. They stated that they would send a team up. While waiting, I/M Whitford threw fecal water on C/O Guillory hitting him in the hand at approximately 0826. As we were waiting I/M Whitford made several direct threats to C/O Guillory stating "he was going to stab him in the fucking heart". I/M Whitford was then asked by Sgt. Coughlin if he wanted to cuff up and he complied after he paced in his cell for a little while. We then cuffed up Whitford and escorted him to LB-7 with taser drawn on him the entire time without further incident without any further incident. Once in LB-7 we cut the scrubs that he was wearing off and was given new clothes. Sgt. Coughlin asked Whitford if he was good and he stated "for now". We then closed his food slot and exited the block.

Involved Persons

Category	Person	Narrative
Staff	Coughlin, Brett	On duty sergeant.
Staff	Durkin, Ryan	Officer on duty.
Staff	Guillory, Roger	Officer that was struck by fecal water and was threatened.

Source and Documentation

Anonymous Informant: No

Information Source: Staff - McDonald, Ron

Reporting Staff: McDonald, Ron

Title: Correctional Unit Manager

Signature: 

Date: 6-9-22

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: _____

Title: _____

Signature: _____

Date: _____

Routing List (Place an X next to those this report will be distributed to):

_____ Helena Office

_____ Security Major

_____ Medical

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeyapee_3015941

Statement #: 75177

Incident Date: 06/09/2022

Incident Time: 08:25 AM

Statement Date: 06/09/2022

Jurisdiction: Montana State Prison

Submission Category: Submitted

☐ MSP Duty Officer
☐ Warden or Designee
☐ Deputy Warden
☐ Associate Warden
☐ Other

☐ Unit Manager
☐ Command Post
☐ Inmate Records File
☐ Inmate Unit File

☐ Maintenance
☐ Investigator's Office
☐ MCE
☐ Safety Committee

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this Incident will be collected and combined into a single Incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford assault with fluid **Statement #:** 75181
Incident Date: 06/09/2022 **Incident Time:** 08:20 AM **Statement Date:** 06/09/2022
Jurisdiction: Montana State Prison **Submission Category:** Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/D/LOWER/7

Summary of Incident

On the above date and approximate time I, Sgt. Coughlin while on D-Block searching cells overheard I/M Whitford, M. 3015941 tell C/O Guillory that he would not cuff up for a cell search. I then went to LD-7 to see what was going on. I heard C/O Guillory give him another direct order to cuff up in order to search his cell. Whitford stated "Fuck you I am not coming out". I then gave I/M Whitford another direct order to come to the food slot to cuff up. He said "Fuck off". I then informed U/M McDonald of the incident as he was just entering the block. He also gave I/M Whitford a direct order to come to the food slot to cuff up and he stated "No" as he covered his window. U/M McDonald then exited the block to inform the command post of the incident. I then opened I/M Whitford's food slot to see what he was doing. I then instructed C/O Bosch, who was outside of the block and in the lobby on the satellite side of RHU to retrieve the water key in order to shut off I/M Whitford's water. We then waited for the water key. Within that time frame I/M Whitford used his cup to throw what looked to be fecal water and threatened C/O Guillory that he was going to "stick" him. C/O Durkin then kicked his food slot shut and C/O Guillory keyed the food slot shut. I then observed I/M Whitford bring a picture to the window and told C/O Guillory that he was going to "cut his heart out". C/O Guillory showed myself and U/M McDonald his rubber gloves which appeared to have fecal water and toilet paper. C/O Guillory was then instructed to show the camera on D-Block of his gloves. After I/M Whitford paced around his cell for multiple minutes I then asked him if he wanted to cuff up. He complied. Once he was cuffed up he was escorted to LB-7 with the taser drawn. Once in LB-7 I/M Whitford was instructed to lay on his bed as we were going to cut off his clothes. He was instructed to not move until his clothes were cut off. Once his clothes were cut off he was instructed to stay on his bed and not to move until his cell door was shut and he was given an order to come to the food slot. We then exited LB-7, called for the door to be closed and he was uncuffed without any further incident.

Involved Persons

Category	Person	Narrative
Staff	Guillory, Roger	Officer that was in contact with fecal water.
Staff	Durkin, Ryan	Officer that was in contacted with fecal water
Staff	McDonald, Ron	Unit manager on shift.
Offender	Whitford, Makueeyapee - 3015941	Inmate that was throwing fecal water and threatening.

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Coughlin, Brett

Reporting Staff: Coughlin, Brett

Title: Correctional Sergeant

Signature: 

Date: 6/9/22

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford assault with fluid **Statement #:** 75181
Incident Date: 06/09/2022 **Incident Time:** 08:20 AM **Statement Date:** 06/09/2022
Jurisdiction: Montana State Prison **Submission Category:** Submitted

Supervisor Review and Remarks: _____

Supervisor Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

CLASSIFICATION SUMMARY

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Facility/Unit: LHU2

Type of Classification: Reclass Classification Date: 9/7/2021 Next Review Date: 3/31/2022

Current Custody: ADSEG Current Assignment: Unassigned 99999

Final Custody: CLOSE Final Assignment: Labor Pool 801

Parole Date: 6/8/2038 Discharge Date: 2/28/2074

Detainer/Warrant/Notification: ☐ Yes ☒ No State/County: _____

Separation Needs: ☒ Active ☒ Inactive ☐ Initiate ☐ Remove

Atypical: ☒ Yes ☐ No Assaultive/Single Cell/STG
Explain if other

STG Review: ☐ Yes ☒ No

Override: ☒ Yes ☐ No ☐ Continue Override Factor: SPECIAL MANAGEMENT

Confidential Information: ☐ Yes, in: _____ ☒ No

PREA: ☒ Yes, Date 7-19-2016 ☐ No Emergency Contact valid: ☒ Yes ☐ No
MORRA COMPLETE DATE 11/21/2019 MORRA RISK LEVEL HIGH

TREATMENT STATUS

TYPE OF REFERRAL	Screened/Waiting	Active	Incomp.	Complete
SOP I TX	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
SOP II TX	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
CD TX: ITU	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ANGER MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
EDUC. / GED / HiSET	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
TSCTC/PRC	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
PARENTING	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
CP&R:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OTHER CCP Skills	<input checked="" type="checkbox"/>			<input type="checkbox"/>

Admin Review / Special Committee Signature / Date 9/13/2021

Appeal: ☐ Yes ☒ No

Classification Officer: CM Parish Unit Manager: UM Strutzel

Inmate Signature: [Signature] Date: 9-9-2021

CLASSIFICATION INSTRUMENT

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

- Page 1 -

Name: Whitford, Makueeyapee MSP/DOC Number: 3015941 Unit: LHU2**1. Severity of Institutional Misconduct (rate last 3 years)**

- Category I Reports 11/27/18-4104; 11/28/18-4235; 1/8/19-4111; 2/17/19-4235; 3/10/19-4111; 4/23/19-4235; 4/25/19-4111; 4/28/19-4207; 4/29/19-4229; 5/6/19-4111; 1/21/20-4235; 1/21/20-4111; 1/21/20-4218; 2/11/20-4111; 7/27/20-4235; 9/9/20-4111; 9/17/20-4111; 9/29/20-4235; 10/1/20-4111; 10/17/20-4111; 2/1/21-4235; 2/6/21-4111; 2/10/21-4111; 2/21/21-4111 6
- ☐ Category II Reports _____ 3
- ☐ 3+ Category III Reports _____ 1
- ☐ No violations within last 3 years _____ 0

2. Most serious current conviction, Detainer or Warrant

- ☒ Highest Severity Deliberate Homicide 6
- ☐ High Severity _____ 5
- ☐ Moderate Severity _____ 1
- ☐ Low Severity _____ 0

3. Escape History (rate last 3 years)

- ☐ Escape or attempted escape from a secure facility (WRC classified secure) _____ 6
- ☐ Escape/walk away from PRC, TSCTC _____ 4
- ☐ Walk away from work release or monitoring program _____ 2
- ☒ No violations within last 3 years _____ 0

4. Severity of Felony Convictions within the last 7 years (do not include current conviction)

- ☐ 1+ Highest Severity or 3+ High Severity _____ 4
- ☐ 1-2 High Severity _____ 3
- ☐ 0 Highest/High severity with 1+ Moderate Severity _____ 1
- ☒ 0 Highest/High/Moderate Severity with only Low Severity _____ 0

5. Number of Category I or II Rule Violations, Predatory/Assaultive Behavior (rate last 3 years)

- 3+ Category I or II Reports 11/27/18-4104; 11/28/18-4235; 1/8/19-4111; 2/17/19-4235; 3/10/19-4111; 4/23/19-4235; 4/25/19-4111; 4/28/19-4207; 4/29/19-4229; 5/6/19-4111; 1/21/20-4235; 1/21/20-4111; 1/21/20-4218; 2/11/20-4111; 7/27/20-4235; 9/9/20-4111; 9/17/20-4111; 9/29/20-4235; 10/1/20-4111; 10/17/20-4111; 2/1/21-4235; 2/6/21-4111; 2/10/21-4111; 2/21/21-4111 4
- ☐ 1-2 Category I or II Reports _____ 2
- ☐ 0, No Category I or II Reports _____ 0

Score 1-5

Custody Score based on items 1-5: 7-9 Medium Restricted / 10-14 Close / 15+ Maximum 15

6. Number of Disciplinary Reports (rate last 6 months)

- ☐ 3+ Reports or Return from Community Placement for disciplinary reasons _____ 4
- ☐ 1-2 Reports _____ 2
- ☒ No Major/Severe Reports _____ 0

7. Performance in Recommended Treatment/Education Programs

- ☐ Non-Compliant _____ 4
- ☒ Waiting for treatment / currently enrolled CD-ITU, CCP Skills, AM 0

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

- ☐ All recommended programs completed -1
8. Institutional Adjustment / Work Performance (rate last 6 months)
- ☐ Poor ratings from both Work and Housing Unit Team 2
- ☐ 1 Poor rating from either Work or Housing Unit Team 1
- ☒ Positive ratings from both Work and Housing Unit Team 0
- ☐ Positive ratings from both Work and Housing Unit Team for 3 years -1

CLASSIFICATION INSTRUMENT

-Page 2-

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Unit: LHU2

9. Sentence Remaining (total of all consecutive sentences)

Time Remaining: 53 yrs

- ☐ Sentenced prior to April 12, 1995 ☒ Sentenced after April 12, 1995
- ☐ Designated Dangerous Offender (multiply x 2)

	<u>Score</u>		<u>Score</u>
<input type="checkbox"/> 30+ years/life sentence	2	<input checked="" type="checkbox"/> 30+ year sentence/life sentence	5
<input type="checkbox"/> 11-29 years	1	<input type="checkbox"/> 11-29 year sentence/total of consecutive	1
<input type="checkbox"/> 1-10 years	0	<input type="checkbox"/> 1-10 year sentence/total of consecutive	0

TOTAL SCORE Item 6-9:

5

Total Points Item 1-5:

16

Total Points:

21

Custody Based on Item 1-5:

MAX

Custody Based on Total Points:

CLOSE

Preliminary Custody Level:

MAX

Recommended Custody Level:

CLOSE

CUSTODY SCORE BASED ON ITEMS 1-5	Medium Restricted 7-9	Close 10-14	Maximum/Ad Seg/Ad Seg Restricted 15+
TOTAL POINTS SCALE - If inmate scores less than 7 points on Risk Items 1-5, use Total points to designate custody			
Minimum/Unrestricted 0-3	Minimum/Restricted 4-8		
Medium/Unrestricted 9-11	Medium/Restricted 12-16		
Close 17-22	Maximum/Ad Seg/Ad Seg Restricted/Death Penalty 23+ points		

Override Factors:

Special Management



Medical



Detainer



Exemplary Institutional Adjustment



Court Ordered

Institutional Need ☐ Click here to enter text.

Psychiatric / Suicide Risk



Escape Threat



Investigation Pending



Adjustment Problem / Violence Threat



Inmate Need Click here to enter text.



Final Custody Level:

CLOSE

Comment from CM or Designee:

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

This is a special reclass for inmate Whitford. Whitford is has no detainers, warrants or notifications. Whitford is Atypical STG, Assaultive and Single Cell status will be initiated at this reclass at the recommendation of the MDT. Whitford has extremely assaultive history and the Atypical statuses are warranted. Whitford is compliant with treatment waiting for AM, CCP Skills and CD-ITU. Whitford has a valid PREA and MORRA. Whitford scores 16 points on items 1-5 and 5 points on items 6-9 due to length of sentence. Whitford has been compliant with New Freedom programming while in Ad Seg. Whitford has maintained clear conduct since 2/21/2021. Whitford has been respectful and polite with staff since being placed in SAU. Whitford was approved to progress to general population by SAU UMT and MDT. Whitford objectively scores Max custody, but is recommended to be housed at Close Custody on an override.

Comment from UM or Designee:

Inmate Whitford has successfully completed the locked housing step down program and has been recommended general population placement by SAU UMT and MDT. Whitford will need an override from Max Custody to Close Custody. Whitford is Atypical Assaultive, Single Cell, and STG. I support Close Custody placement on override to place Whitford in general population.

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

RECEIVED BY

FEB 25 2022

DISCIPLINARY

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: MSP
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Makucayapae ID # 3015941
Last name First Name
Date: 2/24/22 Time: 1013 Place of Incident: RHU
Room/Cell: UE5 Housing Unit: RHU Job Assignment: 9999
Infraction Number(s) & Name(s): 4212 Willfully tampering with a locking device.

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time in Whitford, I received a tablet without Nexis on it. The CO's passing tablets had already moved onto the next block. Whitford got my attention by hollering I, & Byrne informed him he would have to wait. Two officers entered E block and also told him he had to wait for the other officers. He then Whitford then began kicking his door. He was told to stop by officers on the block he then kicked the door hard enough to cause the force open alarm to go off.

REPORTING STAFF MEMBER: Yo Byrne _____
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: Already in locked housing

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

SSGT Shaker 2/24/22 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION			
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.			
1. Hearing Date: <u>3/30/22</u>	Time: _____ hrs	Place: <u>RHU</u>	
2. I understand the charge(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, verbally explain the charge(s) to the inmate)			
3. I waive my right to a hearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, have inmate sign an Agreement/Waiver/Refusal form)			
4. Present evidence and witnesses on my behalf: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If inmate has witnesses, have him/her complete a Witness Request form			
5. Other pertinent notations: _____			
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.			
<u>Cassie Walster</u>	<u>02-25-22</u>	<u>N. J. P. L.</u>	
(Staff Signature)	(Date & Time)	(Inmate's Signature / ID#)	

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Maukeyappe ID #: 3015941Date: 3 / 2 / 22 Time: _____ Housing Unit: RHUInfraction Number(s) and Description: 4212 Tampering w/locking☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** 11 days detention SS for 90 days*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*Inmate Signature: [Signature] Date: 3 / 2 / 22☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: _____

☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*

Inmate Signature: _____ Date: _____

Officer/Witness Signature: _____ Date: 3 / 3 / 22Disciplinary Hearing Officer/Unit Disciplinary Team Carmi W Date: 3 / 3 / 22Administrative Review Signature: D. Goodfry Date: 3 / 3 / 22

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

DOC ADMISSION / DISCHARGE REPORT

PLEASE PRINT FULL NAME:

WHITFORD**MAKUEEYAPEE**ID **3015941**DATE: **1/1/22**

LAST NAME

FIRST NAME

MIDDLE NAME

TIME:

FROM UNIT AND ASSIGNMENT:☒ MSP:☒ Unit **RHU DETENTION**

Assignment _____

☐ MWP:☐ Pod _____ Cell _____ Bed _____☐ Regional Prison: _____☐ Pod _____☐ MASC _____☐ Hospital _____☐ Cond. Release _____☐ OLTC _____☐ MSH-WS _____☐ Pre-Release _____☐ ISP _____☐ Probation _____☐ Treatment Programs _____☐ Transfer _____☐ Escape ☐ Apprehended State: _____☐ Parole Violator _____☐ Probation Violator _____☐ START Center _____☐ In Transit _____☐ New Inmate _____☐ 10-Day Furlough _____☐ Other _____**TO UNIT AND ASSIGNMENT:**☒ MSP:☒ Unit **RHU**Assignment **UN99999**☐ MWP:☐ Pod _____ Cell _____ Bed _____☐ Regional Prison: _____☐ Pod _____☐ MASC _____☐ Hospital _____
☐ Conditional Release _____☐ OLTC _____☐ MSH-WS _____☐ Pre-Release _____☐ Inmate Worker _____☐ ISP _____☐ Probation _____☐ Treatment Programs _____☐ Transfer _____☐ Escape ☐ Apprehended State: _____☐ Release _____☐ START Center _____☐ In Transit _____☐ 10-Day Furlough _____☐ Other _____**CODE:**☐ DOC☒ MSP☐ MWP☒ RPC☐ CD**☐ DD**☐ HOLD**CUSTODY:**☐ MIN 2☐ MIN 1☐ MED 2☐ MED 1☒ CLOSE☒ ADSEG****Notify the Infirmary and Mental Health when PHC, DD or CD**Health Services clearance ☐ Yes ☐ No (If No, attach Special Needs Treatment Plan)**COMMENTS:**

30 DAYS DETENTION CREDIT FOR 7 DAYS [END (

1/1/22STAFF MEMBER'S NAME /
SIGNATURE:**DHO D.C. JOHNSON / 12/14/2021**

It is mandatory that all ADR's are turned into the Placement/Movement Office when a move is made. All ADR's are filled out by the **sending unit with the exception of a jail hold & Infirmary, which will be filled out by the receiving unit.** Information must be complete with housing unit and job assignment number and including title.

cc: RECORDS - WHITE

MINI FILE - CANARY

REV. 1/12

EXHIBIT D
EXHIBIT D

CLASSIFICATION SUMMARY

Name: Whitford, Makueeyapee MSP/DOC#: 3015941 Facility/Unit: HSU1

Type of Classification: Special Classification Date: 12/15/2021 Next Review Date: 5/30/2022

Current Custody: CLOSE Current Assignment: Labor Pool-801

Final Custody: ADSEG Final Assignment: 99999 - Unassigned

Parole Eligibility Date: 6/8/2038 Discharge Date: 2/28/2074

Detainer/Warrant/Notification: ☐ Yes ☒ No State/County: _____

Separation Needs: ☒ Active ☒ Inactive ☐ Initiate ☒ Remove

Atypical: ☒ Yes ☐ No Assaultive/Single Cell/STG ☒ No
Explain if other _____

STG Review: ☐ Yes ☒ No

Override: ☐ Yes ☒ No ☐ Continue Override Factor: CHOOSE ITEM

Confidential Information: ☐ Yes, in: _____ ☒ No

PREA: ☒ Yes, Date: 7/19/2016 ☐ No Emergency Contact Valid: ☒ Yes ☐ No

MORRA RT Date: 11/21/2019 MORRA Risk Level: Very High

		TREATMENT STATUS			
	Type of Referral	Screened/Waiting	Active	Incomp.	Complete
SOP I Tx	Choose Item	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
SOP II Tx	Choose Item	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
CD Tx: ITU / ASAM 3.5	Assessment Need	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
MENTAL HEALTH	Choose Item	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ANGER MANAGEMENT	Choose Item	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
EDUC. / GED / HiSET	Choose Item	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMUNITY PLACE	Choose Item	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
PARENTING	Choose Item	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COG. / BEHAVIORIAL	Assessment Need	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OTHER:	Choose Item	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

#342 CD ITU : #143 CCP Skills group: #75 AM

RECEIVED

Admin Review / Special Committee Signature Date:

[Signature] *[Signature]*

JAN 03 2022
Classification & Placement
Office

Appeal: ☒ Yes ☐ NoClassification Officer: Sgt. MachlerUnit Manager: UM A. GrahamInmate Signature: *[Signature]*Date: 12-16-2021

WHITE - MAIN FILE CANARY - COUNSELOR PINK - INMATE
BLUE FORMS (ATYPICAL/SEPARATION) FOR MAIN FILE & COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

CLASSIFICATION INSTRUMENT

-Page 1-

Name: Whitford, Makueeyapee MSP/DOC #: 3015941 Unit: HSU1

1. Severity of Institutional Misconduct (rate the last 3 years)

- ☒ 12/8/21-4102: 2/21/21-4111: 2/10/21-4111: 2/9/21-4108: 2/6/21-4111
 10/20/20-4111: 10/17/21-4111:10/8/20-4108: 10/1/20-4111(X2) (/17/20-
 4111: 9/9/20-4111:2/11/20-4111: 1/21/20-4108: 1/21-20-4111(X2) 5/6/19-
 4111:4/25/19-4111: 3/10/2019-4111: 1/8/19-4111 6
 Category 1 Report(s)
- ☐ 2/1/21-4235; 9/29/20-4235:7/27/20-4235: 1/21/20-4235 (X2); 4/23/19-
 4235 2/17/19-4235 3
 Category 2 Report(s)
- ☐ 3+ Category 3 Reports 1
- ☐ No Violations within last 3 years 0

2. Most serious current Conviction, Detainer or Warrant

- ☒ Highest Severity Deliberate Homicide 6
☐ High Severity Assault with Bodily Fluid 5
☐ Moderate Severity 1
☐ Low Severity 0

3. Escape History (rate last 3 years)

- ☐ Escape or attempted escape from a secure facility (WRC classified secure) 6
☐ Escape/walk away from PRC, TSCTC 4
☐ Walk away from work release or monitoring program 2
☒ No violations within last 3 years 0

4. Severity of Felony Convictions within the Last 7 Years (do not include current conviction)

- ☐ 1+ Highest Severity or 3+ High Severity 4
☐ 1-2 High Severity 3
☐ 0 Highest/High severity with 1+ Moderate Severity 1
☒ 0 Highest/High/Moderate Severity with only Low Severity 0

5. Number of Category I or II Rule Violations, Predatory/Assaultive Behavior (rate last 3 years)

- ☒ 12/8/21-4102: 2/21/21-4111: 2/10/21-4111: 2/9/21-4108: 2/6/21-
 4111 10/20/20-4111: 10/17/21-4111:10/8/20-4108: 10/1/20-
 4111(X2) (/17/20-4111: 9/9/20-4111:2/11/20-4111: 1/21/20-4108:
 1/21-20-4111(X2) 5/6/19-4111:4/25/19-4111: 3/10/2019-4111:
 1/8/19-4111:2/1/21-4235; 9/29/20-4235:7/27/20-4235: 1/21/20-
 4235 (X2); 4/23/19-4235 2/17/19-4235 4
 3+ Category I or II Reports
- ☐ 1-2 Category I or II Reports 2

☐

0, No Category I or II Reports 0

Custody Score based on Items 1-5: 7-9 Medium Restricted / 10-14 Close / 15+ Maximum 16

 WHITE – MAIN FILE CANARY – COUNSELOR PINK – INMATE
 BLUE FORMS (ATYPICAL/SEPARATION) FOR MAIN FILE & COUNSELOR FILE ONLY

 EXHIBIT D
 EXHIBIT D

		Score 1-5
6.	Number of Disciplinary Reports (rate last 6 months)	
<input type="checkbox"/>	3+ Reports or Return from Community Placement for disciplinary reasons _____	4
<input checked="" type="checkbox"/>	1-2 Reports <u>12/8/21-4102</u> _____	2
<input type="checkbox"/>	No Major/Severe Reports _____	0
7.	Performance in Recommended Treatment/Education Programs	
<input type="checkbox"/>	Non-Compliant _____	4
<input checked="" type="checkbox"/>	Waiting for treatment / currently enrolled _____	0
<input type="checkbox"/>	All recommended programs completed _____	-1
8.	Institutional Adjustment / Work Performance (rate last 6 months)	
<input type="checkbox"/>	Poor ratings from both Work and Housing Unit Team _____	2
<input type="checkbox"/>	1 Poor rating from either Work or Housing Unit Team _____	1
<input checked="" type="checkbox"/>	Positive ratings from both Work and Housing Unit Team _____	0
<input type="checkbox"/>	Positive ratings from both Work and Housing Unit Team for 3 years _____	-1

WHITE – MAIN FILE CANARY – COUNSELOR PINK – INMATE
 BLUE FORMS (ATYPICAL/SEPARATION) FOR MAIN FILE & COUNSELOR FILE ONLY

EXHIBIT D
 EXHIBIT D

CLASSIFICATION INSTRUMENT

-Page 2-

Name: Whitford, Makueeyapee MSP/DOC #: 3015941 Unit: HSU1

9. Sentence Remaining (total of all consecutive sentences)

Time Remaining: 52 years 2 months☐ Sentenced prior to April 12, 1995☒ Sentenced after April 12, 1995☐ Designated Dangerous Offender (multiply x 2)

	<u>Score</u>		<u>Score</u>
<input type="checkbox"/> 30+ years/life sentence	2	<input checked="" type="checkbox"/> 30+ year sentence/life sentence	5
<input type="checkbox"/> 11-29 years	1	<input type="checkbox"/> 11-29 year sentence/total of consecutive	1
<input type="checkbox"/> 1-10 years	0	<input type="checkbox"/> 1-10 year sentence/total of consecutive	0

TOTAL SCORE Items 6-9:

7

Total Points Item 1-5:

16

Total Points:

23

Custody Based on Item 1-5:

Adseg

Custody Based on Total Points:

Adseg

Preliminary Custody Level:

CLOSE

Recommended Custody Level:

ADSEG

CUSTODY SCORE BASED ON ITEMS 1-5	Medium Restricted 7-9	Close 10-14	Maximum/Ad Seg/Ad Seg Restricted 15+
TOTAL POINTS SCALE - If Inmate scores less than 7 points on Risk Items 1-5, use Total points to designate custody			
Minimum/Unrestricted 0-3	Minimum/Restricted 4-8		
Medium/Unrestricted 9-11	Medium/Restricted 12-16		
Close 17-22	Maximum/Ad Seg/Ad Seg Restricted/Death Penalty 23+ points		

Override Factors:

Special Management ☐Medical ☐Detainer ☐Exemplary Institutional Adjustment ☐Court Ordered ☐Institutional Need ☐Psychiatric / Suicide Risk ☐Escape Threat ☐Investigation Pending ☐Adjustment Problem / Violence Threat ☐Inmate Need ☐

Final Custody Level:

ADSEG

Comment from CM or Designee:

This is a special reclass for Ad-Seg custody, Inmate Whitford was found guilty 12/8/21-4102 Possession of a weapon (shank). Inmate Whitford has been found guilty of 16 staff assaults, 7 threatening staff, 2 conspiring / attempting to assault staff and 1 possession of a weapon in the last 3 years. Inmate Whitford scores 16 points on items 1-5 Ad-Seg custody. Inmate Whitford has been found guilty of 1 major rule infraction this review period. Inmate Whitford is treatment compliant, has active separation needs, has no detainers or warrants and is A-typical Designated. Inmate Whitford has a current Morra and Prea assessment. Inmate Whitford is not parole eligible until June 2038. HSU-1 UMT recommends inmate Whitford be placed as scores Ad Seg custody.

Comment from UM or Designee:

WHITE – MAIN FILE CANARY – COUNSELOR PINK – INMATE
BLUE FORMS (ATYPICAL/SEPARATION) FOR MAIN FILE & COUNSELOR FILE ONLY

EXHIBIT D
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I agree with the comments above Inmate Whitford has been found guilty of 16 staff assaults and 7 threatening staff infractions in the last 3 years, On 12/8/21- inmate Whitford was found guilty of possession of a weapon. Inmate Whitford has continued to show he can not be housed in a general population setting with out a serious risk of violence to staff. Recommend inmate Whitford be placed Ad Seg custody as scores.

WHITE – MAIN FILE CANARY – COUNSELOR PINK – INMATE
BLUE FORMS (ATYPICAL/SEPARATION) FOR MAIN FILE & COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

RECEIVED BY
DEC 08 2021
DISCIPLINARY

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

Inmate Name: WHIT Ford, Makweeyapee ID # 3015941
Last name First Name
Date: 12-8-21 Time: 0700 Place of Incident: HSU-1
Room/Cell: U2-5 Housing Unit: HSU-1 Job Assignment: L.P. 801
Infraction Number(s) & Name(s) 4102- Possession of a weapon

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): ON the above date and time, I U/M A. Graham conducted an investigation and found that on 11-5-21 inmate WHIT Ford was in possession of a home made weapon (shank) that was found by staff.

REPORTING STAFF MEMBER:

U/M A. Graham
(Print Name)

[Signature]
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other

Approval for placement in PHC :

☐ Medical: _____ ☐ Mental Health: _____

Reason:

Possession of a weapon

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

[Signature]
(Shift Supervisor's Signature)

12/8/21
(Date)

[Signature]
(Warden or Designee Signature)

12/9/21
(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 12/11/21 Time: 0900 hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations:

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature]
(Staff Signature)

12/8/21 @ 1145
(Date & Time)

[Signature]
(Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

ADR
 0920

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford, Makyeypoo ID # 301594 Date: 12/14/2021
 Infraction Number(s) & Name(s): 4102 Possession of Weapon
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
 Continuance granted to Date: ____ / ____ / ____ By: _____

Reason:

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement:

I didn't have any of the Evidence, I didn't get any information that I requested. Who knows how long that thing was put there, I was only in that cell for a short period of time.

Evidence Provided:

Findings: ☒ Guilty of # 4102 ☐ Not Guilty of # _____

Evidence Relied On:

Infraction Report / Photos / Incident - Confidential Reports

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 30 Days Detention Credit for 7 Days

End 01/06/2022

Reason(s) for findings:

Offender was in Possession of a Sharpened Instrument / Weapon

State District 12/15/21

D. C. [Signature]

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#:

[Signature]

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY //

JAN 10 2022

DISCIPLINARY

Disciplinary Appeal

(major infractions only)

Inmate's Name: Whitford, Makyea gree ID # 3013941Date: 12/14/21 Infraction(s): 4102 - Possession of WeaponDisciplinary Hearing Decision: Guilty 30 Days Jail - 15 Days OK 06/20/22**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision. From what I seen in the pictures and know from being in the cell, that shank was round/cylindrical whereas those markings on the floor (the one that weren't old) were from a flat object. No reliable confidential info.
2. Required disciplinary procedures were not followed. Due Process - 24 hr notice, Photos, requested documentation, general summary of confidential info connecting me to the weapon, etc. Due Process - Access to Policy, Procedures, law, and legal materials.
3. The sanction(s) is excessive. Most people are getting 15 days or so for this type of infraction and I haven't had a single write up for a long long time. Approx. 9 months +/-.

[Signature]
Inmate Signature

12/15/21
Date

See OSR and Hearing Record

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:Written justification for the action taken above: Evidence support finding

[Signature]
Warden or Designee Signature

1/13/22
Date

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

OMIS
Inmate (Goldenrod)
copy sent

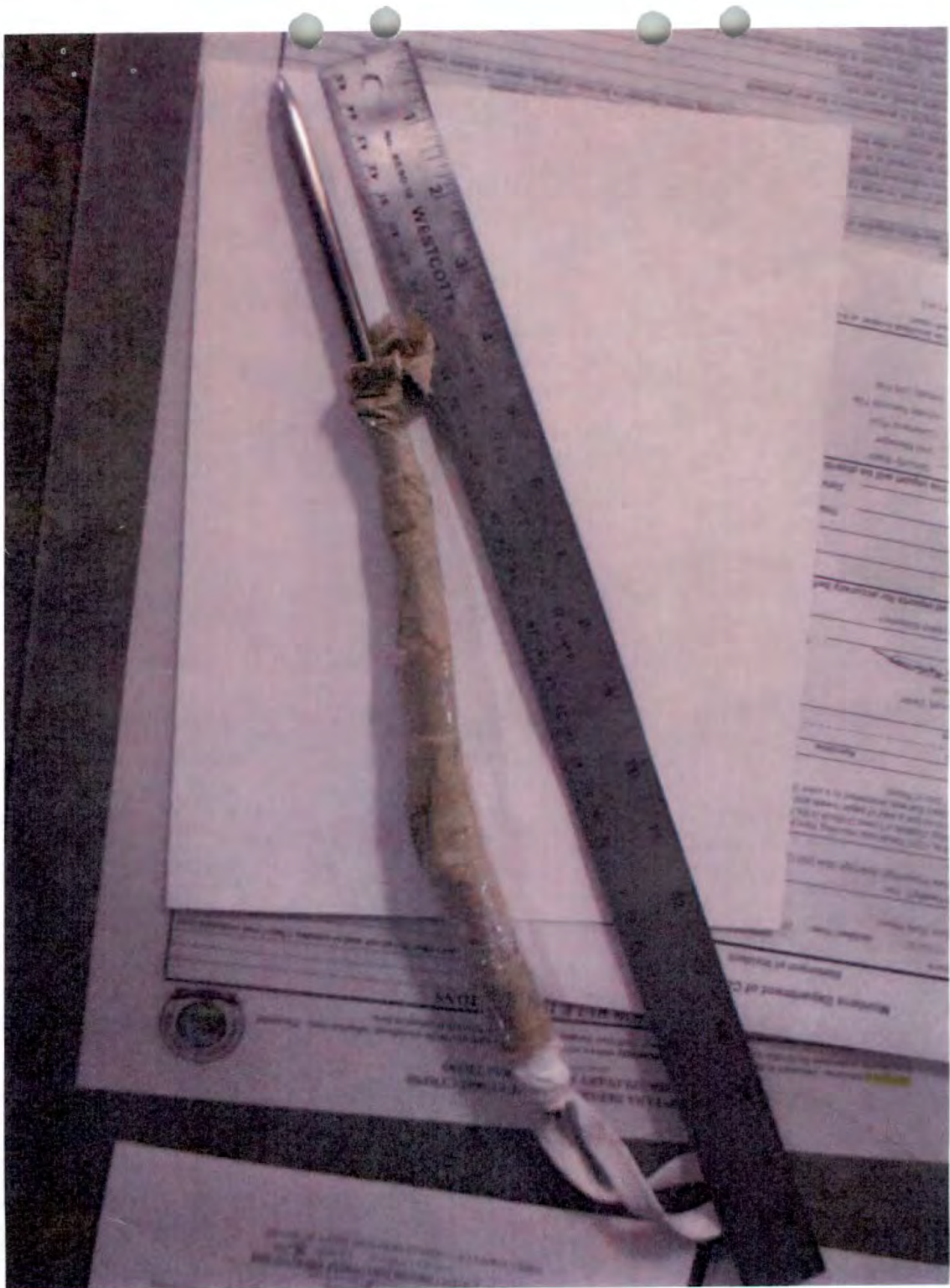


EXHIBIT D
EXHIBIT D

STATE OF ILLINOIS DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐

RECEIVED BY
FEB 22 2021
DISCIPLINARY
3015941

Inmate Name: Whitford Last name Makueeyapee First Name ID # 3015941
Date: 2/21/2021 Time: 0830 Place of Incident: RHU
Room/Cell: L44 Housing Unit: RHU Job Assignment: 99999 - unassigned
Infraction Number(s) & Name(s): 4111 - Assaulting any other person
4213 - Refusing to immediately obey a verbal "direct"
order/command from any staff member

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how):

On the above date
I time I sat Orrino was conducting yard in RHU when I/M
Whitford was getting pat searched and became very combative & resistive.
I/M Whitford refused several direct orders to stop & let the officer
pat search after multiple direct orders I/M Whitford had to be escorted to
the ground. Leg restraints were placed on Whitford and then he was
escorted to L44 where he was placed on his bed. He agreed to stay
there while we left the cell. Once the door started to close I/M Whitford
came towards the door and kicked his leg out striking me in the stomach
while also spitting at me. The door was shut and cuffs were retrieved.

EOR

Reporting Staff Member: Sgt Robert Orrino (Print Name) Sgt Robert Orrino (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Approval for placement in PHC : ☒ Medical by: _____ ☒ Mental Health by: _____

Reason: _____

I have reviewed this report for legibility, completeness, corrections of change, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited and considered alternatives to placement in restrictive housing and have determined that separation from the general inmate population is necessary due to the above-mentioned reason.

[Signature] (Shift Supervisor Signature) 2/21/21 (Date) [Signature] (Warden or Designee Signature) 2/22/21 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 2/24/21 Time: Any hrs. Place: RHU/Lnt
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☐ No If inmate has witnesses or needs witness statements have the inmate provide the name:
- Other pertinent notations:

I understand, I am not guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature] (Staff Signature) 02/21/21 02:05 (Date & Time) Refusal to sign (Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

[Signature] 2/22/21 BRANCOMP

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford, Makyeeyapee ID #: 3015941Date: 2/24/21 Time: 1010 Housing Unit: RHUInfraction Number(s) and Description: 4111-Assault; 4213-Ref. Orders☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** 3
(Circle number of prior guilty decisions within the timeframe (not each rule violation). Find grid level to use by adding current & prior guilty decisions).Sanctions: \$40.00 fine* already serving max detention
I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.Inmate Signature: unable to sign Date: 2/24/21☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:**

I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: [Signature] Date: ____/____/____Disciplinary Hearing Officer/Unit Disciplinary Team [Signature] Date: 2/24/21Administrative Review Signature: [Signature] Date: 2/25/21

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

MONTANA DEPARTMENT OF CORRECTIONS USE OF FORCE INFORMATION SHEET

OFFENDER INFORMATION

Offender Name: Whitford, Makuee yapee ID#: 3015941 Unit: RHU Custody: Ad Seq
 Race Code: ☒ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other (specify):

INCIDENT INFORMATION

Date of Incident: RHU Time of Incident: 0820 Place of Incident: RHU outside control cage
 Name & Title of On-Scene Supervisor: Sgt Orrino
 Type of Force Used ☒ Immediate ☐ Planned
 Photographed? ☐ Yes ☒ No Videotaped? ☒ Yes ☐ No Processed as Evidence? ☒ Yes ☐ No
 Administrator Notified? ☒ Yes ☐ No Name: AW Godfrey Date: 2-21-2021 Time: 0830 hrs
 Was OC or Taser use medically cleared? ☐ Yes ☒ No By? _____ Date: 1/1 Time: _____ hrs
 Was a medical staff person on-scene? Yes ☒ No Name: _____ Time: _____ hrs
 Was a post incident medical evaluation of offender completed? ☒ Yes ☐ No By? RN Tony Jamieson
 Reporting Shift Supervisor: SSG [Signature]

Level of Force Applied		Reason for Force
Active Counter Measure: <input checked="" type="checkbox"/> Physical Force/Self Defense <input type="checkbox"/> Restraint Device <input type="checkbox"/> OC <input type="checkbox"/> Chemical Agent <input type="checkbox"/> Baton <input type="checkbox"/> Distraction Device <input type="checkbox"/> Kinetic Device <input type="checkbox"/> Conductive Energy Device (taser) <input type="checkbox"/> SIMS	Deadly: <input type="checkbox"/> Firearm <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Self defense/defense of another <input checked="" type="checkbox"/> Maintenance of security <input type="checkbox"/> Prevention of a crime <input type="checkbox"/> Prevention of self harm activity <input type="checkbox"/> Prevention of escape <input type="checkbox"/> Prevention of property destruction <input type="checkbox"/> Refusal of an order

Names & Titles of All Staff Involved	Did they file a report?	Is their report attached?
Sgt Orrino	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C/O Paul, David	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C/O Huerta	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C/O Buckles	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C/O Forrest	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C/O Clark, Grant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) and ID#(s) of Other Offenders Involved	Did they file a statement?	Is their statement attached?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) of Victim(s) Involved	Did they file a statement?	Is their statement attached?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Montana Department of Corrections

Statement of Incident

Title: Whitford #3015941 Use Of Force

Statement #: 53755

Incident Date: 02/21/2021

Incident Time: 08:20 AM

Statement Date: 02/21/2021

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/4/From RHU Yard to his cell

Summary of Incident

On the above date and time, I Sgt Orrino was walking I/M Whitford #3015941 back to his cell from the RHU Yard with C/O Buckles when I/M Whitford was given a direct order to stop so he could be patted down. At that time, I/M Whitford refused and pulled forward refusing the pat down. Again I/M Whitford was given a direct order to stop so he could be patted down refused and still pulled forward. Whitford was given one more direct order to stop resisting. At that time is when I/M Whitford was placed on the ground for refusing direct orders and pulling away from me and C/O Buckles. Once on the ground I/M Whitford began threatening me and telling me he is going to kill me! Leg irons were placed on the I/M at this time. Once the I/M was restrained we stood up and I over/Under his arms to bring him back to the cell that he is living in. Once we got into the cell I/M Whitford was told to stay on the bed while we retrieved the leg irons. Once retrieved we stoop up and backed out of the cell. I/M Whitford did stay on the bed until the door started to close and once it started to close, he got up and kicked me making contact with my stomach and spit at me before the door closed. He then tried pulling away when C/O Paull was taking the cuffs off and broke the cuff key, but cuffs were taken off and retrieved. EOR

Involved Persons

Category	Person	Narrative
Staff	Clark, Grant	
Staff	Huerta, Chloe	
Staff	Paull, David	
Staff	Forrest, William	
Staff	Buckles, Ryan	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Orrino, Robert

Reporting Staff: Orrino, Robert

Title: Correctional Sergeant

Signature:

Date: 2-21-20

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/Distributed

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford #3015941 Use Of Force

Statement #: 53755

Incident Date: 02/21/2021

Incident Time: 08:20 AM

Statement Date: 02/21/2021

Jurisdiction: Montana State Prison

Submission Category: Submitted

Supervisor Name: W. Larson

Title: SSG

Signature: [Signature]

Date: 2-21-2021

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford Use of Force **Statement #:** 53767
Incident Date: 02/21/2021 **Incident Time:** 08:20 AM **Statement Date:** 02/21/2021
Jurisdiction: Montana State Prison **Submission Category:** Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/4/Outside of Main Control Cage

Summary of Incident

On the above date and time I C/O Huerta was running the yard control gate when C/O Buckles and Sergeant Orrino pulled inmate Whitford, M #3015941 back in from yard since he requested to go back into his cell. At this time when out of the yard gate C/O Buckles initiated a routine pat search Whitford then became aggressive, turned his head and upper torso facing Sergeant Orrino on his left and stated "I fucking just got pat searched." C/O Buckles then gave him a clear verbal instruction to face forward and keep walking. As they were escorting Whitford out I secured the main gate and I could hear C/O Buckles again state keep walking to Whitford. When I turned back around facing the main control cage to help escort Whitford back I saw Whitford turn once again and at this time Sergeant Orrino utilized physical force and his body weights momentum to bring Whitford to the ground and onto his stomach. When he was on the ground I saw that C/O Forrest had control of one of his legs as he was trying to get the leg restraints from the main cage officer. I handed the yard keys I had in my hand to C/O Clark and maintained control of his legs. I had my knees on his left leg while my hands were securing his right leg. During this time C/O Forrest was able to retrieve leg restraints and place them on inmate Whitford. Once everything was secure Sergeant Orrino and C/O Buckles helped Whitford to his feet and we escorted him back to his cell. He also made assaultive threats towards Sergeant Orrino during the escort. Once we arrived to his cell he was placed on the bed face down on his stomach while we retrieved the leg restraints I maintained control of his calves C/O Forrest held his feet and C/O Paull removed the restraints. Once the leg restraints were removed Whitford was then instructed to remain on his bed while we exited the cell and it was secured. While the door was closing at approximately halfway I could see Whitford attempt to kick through the door with no result. At the last second before the door shut he also spit but I could not see if it struck anyone. EOR

Involved Persons

Category	Person	Narrative
Staff	Forrest, William	
Staff	Orrino, Robert	
Staff	Buckles, Ryan	
Staff	Paull, David	
Staff	Clark, Grant	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Huerta, Chloe

Reporting Staff: Huerta, Chloe

Title: Correctional Officer 1

Signature: *Chloe Huerta*

Date: 2-21-21

Notes

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford Use of Force Statement #: 53767
 Incident Date: 02/21/2021 Incident Time: 08:20 AM Statement Date: 02/21/2021
 Jurisdiction: Montana State Prison Submission Category: Draft

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/Distributed

Supervisor Name: W. Larson Title: SSG
 Signature: SSG [Signature] Date: 2-21-2021

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: use of force

Statement #: 53761

Incident Date: 02/21/2021

Incident Time: 08:20 AM

Statement Date: 02/21/2021

Jurisdiction: Montana State Prison

Submission Category: Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/common area on the main cage side of RHU

Summary of Incident

On the above date and approximate time I C/O Forrest was coming off of A-Block and SGT Orrino had escorted inmate Whitford to the ground. I then Secured inmate Whitfords right leg and Huerta secured inmate Whitfords left leg. Paull was trying to get the belly and le restraints from the cage and Huerta had both of inmate Whitfords legs do to him struggling. and i got up and told the cage officer to slide the leg restraints under the door of the cage. Once I got the leg restraints I put them on inmate Whitfords ankles so he could not kick. We then escorted inmate Whitford to his cell and put him on his bed. Huerta and I held inmate Whitfords feet while Paull took the leg restraints off. We then backed out of the cell and inmate Whitford then spit at SGT Orrino while the door was closing and then kicked at SGT Orrino. I did not see if either the spit or the kick hit SGT Orrino. EOR

Involved Persons

Category	Person	Narrative
Staff	Huerta, Chloe	
Staff	Paull, David	
Staff	Orrino, Robert	

Source and Documentation

Anonymous Informant: No

Information Source: Staff

Reporting Staff: Forrest, William

Title: Correctional Officer 1

Signature: William Forrest, Jr.Date: 2/21/21

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/Distributed

Supervisor Name: W. LarsonTitle: SSGSignature: SSG W. LarsonDate: 2.21.2021

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: use of force

Statement #: 53761

Incident Date: 02/21/2021

Incident Time: 08:20 AM

Statement Date: 02/21/2021

Jurisdiction: Montana State Prison

Submission Category: Draft

_____ Deputy Warden

_____ Inmate Records File

_____ MCE

_____ Associate Warden

_____ Inmate Unit File

_____ Safety Committee

_____ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Resistive Inmate Resulting in Use of Force

Statement #: 53749

Incident Date: 02/21/2021

Incident Time: 08:20 AM

Statement Date: 02/21/2021

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/4/Next to the Main Control Cage.

Summary of Incident

On the above date and approximate time, I, Officer R. Buckles was escorting inmate Whitford, (AO#3015941), who was cuffed behind his back, in Restrictive Housing Unit (RHU) from the yard back to the housing block when he became agitated during a routine pat search I was conducting. I placed my hands on Whitford's shirt collar when he suddenly turned his head and upper-torso to the left, facing Sergeant Orrino. He said, "I just fucking got pat searched coming out here." While I finished conducting my pat search, I gave clear verbal commands to "face forward". We took a few steps toward the Main Control Cage, with Sergeant Orrino on his left and me on his right. Whitford, ignoring my previous verbal orders, turned his body a second time and said something I could not decipher. I gave another verbal order to "keep walking" when Whitford turned around for a third time. Sergeant Orrino, utilizing physical force and the momentum from his body weight, brought Whitford to the ground onto his stomach in front of the Main Control Cage. Being on Whitford's right side, I utilized a c-clamp hold with my right hand around the back of his neck to maintain control of his head, as he was resisting by thrashing his body and moving his head. I maintained control of his right arm with my left hand, while other staff went to retrieve the leg irons. Once the leg irons were placed on him, we helped Whitford to his feet and escorted him back to his cell. He was making assaultive statements during the escort to Sergeant Orrino. Once we arrived inside Whitford's cell we placed him on his bed faced-down, in order to retrieve the leg irons. I maintained control of Whitford's right arm, while Sergeant Orrino maintained control of his left. After retrieving the leg irons we gave Whitford verbal instructions to remain on his bed while we retreated outside his cell and secured the door. While the door was halfway closed Whitford got off his bed and tried to kick through the open door with negative results. He also spit through the opening just before it shut. I did not see if it struck anyone. As Officer Paull retrieved the handcuffs through the food slot, Whitford pulled away and, as a result, broke Paull's handcuff key. This concludes my involvement in this incident. End of report.

Involved Persons

Category	Person	Narrative
Staff	Orrino, Robert	Sergeant on duty
Offender	Whitford, Makueeyapee - 3015941	Suspect
Staff	Paull, David	Officer on duty

Source and Documentation

Anonymous Informant: No

Information Source: Staff

Reporting Staff: Buckles, Ryan

Title: Correctional Officer 1

Signature:

Date: 2-21-2021

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Resistive Inmate Resulting in Use of Force

Statement #: 53749

Incident Date: 02/21/2021

Incident Time: 08:20 AM

Statement Date: 02/21/2021

Jurisdiction: Montana State Prison

Submission Category: Submitted

Supervisor Review and Remarks: Reviewed/Distributed

Supervisor Name: W. Larson

Title: SSG

Signature: SSG [Signature]

Date: 2-21-2021

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford Use of Force

Statement #: 53757

Incident Date: 02/21/2021

Incident Time: 08:15 AM

Statement Date: 02/21/2021

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Montana State Prison, RHU, by the Cage

Summary of Incident

On the above date and approximate time, I/M Whitford, AO# 3015941 asked to come back in from yard after just going out. Officer Buckles went to conduct a pat search, Whitford refused and then got a direct order from Sergeant Orrino to let Officer Buckles do a pat search. Officer Buckles went to conduct the pat search and Whitford started to turn on him. Sergeant Orrino gave Whitford a direct order to let Officer Buckles do a pat search again. Whitford stood for a pat search then started to turn on Officer Buckles again. Sergeant Orrino then took Whitford to the ground. Sergeant Orrino, Officer Buckles, Huerta, and Paul held him there while restraints were received from the cage to restrain Whitford. Whitford was then restrained and taken to his cell by the Sergeant and other officers, while I stood with the yard and secured it.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Orrino, Robert	
Staff	Forrest, William	
Staff	Paull, David	
Staff	Huerta, Chloe	
Staff	Buckles, Ryan	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Clark, Grant

Reporting Staff: Clark, Grant

Title: Correctional Officer 1

Signature: Grant ClarkDate: 2/21/21

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/DistributedSupervisor Name: W. LarsenTitle: SSGSignature: SSG [Signature]Date: 2-21-2021

Routing List (Place an X next to those this report will be distributed to):

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford Use of Force

Statement #: 53757

Incident Date: 02/21/2021

Incident Time: 08:15 AM

Statement Date: 02/21/2021

Jurisdiction: Montana State Prison

Submission Category: Submitted

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford use of force Statement #: 53753
 Incident Date: 02/21/2021 Incident Time: 09:15 AM Statement Date: 02/21/2021
 Jurisdiction: Montana State Prison Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Running yard in on primary side of RHU in front of control.

Summary of Incident

ON the above date and approximate time while running yard out on the Primary side of RHU inmate Whitford, M #3015941 was being escorted back to his cell Whitford became combative and tried pulling away from the officers escorting him. Inmate Whitford was escorted to the ground. I officer Paull requested hard leg and belly restraints from the primary control. After receiving the restraints and applying them to inmate Whitford's legs the officers then escorted whitford back to his cell and gave him the direct order to lay belly down on his bunk, the hard leg restraints were then removed from inmate whitford and the officers began leaving his cell one at a time. Whitford spat and kicked and sgt Orrino when the door was closing. Whitford's cell door shut I gave him a direct order to uncuff and Whitford did so and tried pulling cuffs through food port while uncuffing causing the cuff key to break off in cuffs EOR.

Involved Persons

Category	Person	Narrative
Staff	Huerta, Chloe	
Staff	Buckles, Ryan	
Staff	Forrest, William	
Staff	Orrino, Robert	
Staff	Clark, Grant	
Staff	Paull, David	

Source and Documentation

Anonymous Informant: No

Information Source: Staff

Reporting Staff: Paull, David

Title: Correctional Officer 1

Signature:

Date: 2/21/21

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/Distributed

Supervisor Name: W. Larson

Title: SSG

Signature:

Date: 2-21-2021

Routing List (Place an X next to those this report will be distributed to):

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Refusal for Medical Whitford **Statement #:** 53745
Incident Date: 02/21/2021 **Incident Time:** 08:40 AM **Statement Date:** 02/21/2021
Jurisdiction: Montana State Prison **Submission Category:** Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/4/LA4 of RHU

Summary of Incident

On the above date and time I CSRT Moe was called to RHU to ask Inmate Whitford 3015941 if he wanted to see medical after the immediate use of force by RHU staff. Whitford was asked multiple times and refused all times. All Whitford wanted was a bubble sheet and his glasses.

Involved Persons

Category	Person	Narrative
Staff	Moe, Nicholas	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Moe, Nicholas

Reporting Staff: Moe, Nicholas

Title: Correctional Officer 1

Signature: *Nicholas Moe*

Date: 2.21.21

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed/Distributed*

Supervisor Name: *W. Larson*

Title: *SSG*

Signature: *W. Larson*

Date: 2.21.2021

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force Statement #: 53747
 Incident Date: 02/21/2021 Incident Time: 08:45 AM Statement Date: 02/21/2021
 Jurisdiction: Montana State Prison Submission Category: Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/4

Summary of Incident

On the above date and approximate time, offender Whitford was seen cell side at RHU following a reported use of force. Three IPS officers and this nurse went to the cell door and offered medical care multiple times and the offender refused all offers. Whitford was sitting in bed, alert with clear speech. No injuries could be seen from the door. A refusal of care was sent to the offender. END OF REPORT.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Offender - Whitford, Makueeyapee 3015941

Reporting Staff: Jamieson, Alishia

Title: Registered Nurse 2

Signature: Alishia Jamieson

Date: 2/21/2021

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/Distributed

Supervisor Name: W. Larson

Title: SSG

Signature: SSG W. Larson

Date: 2.21.2021

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐

Inmate Name: Whitford Last name M First Name ID # 3015941
Date: 2-10-21 Time: 1405 Place of Incident: 801/P
Room/Cell: L48 Housing Unit: R44 Job Assignment: R44 L48
Infraction Number(s) & Name(s): 4111 - Assaulting Staff with unknown fluids

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how):

On the above date on time, I c/o
Liberty went to turn of Inmate Whitford's water because he had flooded the
A-Block playroom. I was talking to let him know that I was on the block. I went to
the water door to turn the water off to stop the flooding, and I got splashed
by an unknown fluid that he was throwing out his door.

EOR

Reporting Staff Member: Liberty (Print Name) _____ (Sign Name) _____
Supervisor Review: Sgt. Pomeroy (Print Name) _____ (Sign Name) _____

Approval for placement in PHC : ☐ Medical by: _____ ☐ Mental Health by: _____

Reason: _____

I have reviewed this report for legibility, completeness, corrections of change, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited and considered alternatives to placement in restrictive housing and have determined that separation from the general inmate population is necessary due to the above-mentioned reason.

(Shift Supervisor Signature) _____ (Date) 2/10/2021 _____ (Warden or Designee Signature) _____ (Date) 1/1

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 2/16/21 Time: _____ hrs. Place: _____
2. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
3. I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
4. Present evidence and witnesses on my behalf: ☐ Yes ☒ No If inmate has witnesses or needs witness statements have the inmate provide the name: _____
5. Other pertinent notations: Agreement

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Carru Walster (Staff Signature) 2-12-21 (Date & Time) _____ (Inmate's Signature / ID#) _____

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐

RECEIVED BY
FEB 11 2021
DISCIPLINARY

Inmate Name: Whitford Last name M First Name LA8 ID # 3015941
Date: 2/10/21 Time: 1400 Place of Incident: RHV LA8
Room/Cell: LA8 Housing Unit: RHV Job Assignment: 801 CP
Infraction Number(s) & Name(s): 4111-Assault on Staff with Unknown Fluids
4210-Flooding

Staff Witness: 1. N/A Other Inmates involved 1. N/A
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how):

On the above date and time I C/O Goody was pulling an I/M out to talk to U/M of RHV with another C/O. As we got into the sally port I saw I/M Whitford #3015941 flooding. The water was running out in between the wall and the dam blocking the water. I asked the C/O and I/M to stop so I could go fix the dam. As I started moving the dam I/M Whitford threw an unknown liquid out of the crack between the door and the wall. The liquid hit me on the face and shoulder. I fixed the dam and returned to the I/M and C/O and exited the block.

EOR

Reporting Staff Member George Goody Geo Goody
(Print Name) (Sign Name)
Supervisor Review: Sgt. Pomeroy Sgt. Pomeroy
(Print Name) (Sign Name)

Approval for placement in PHC : ☐ Medical by: _____ ☐ Mental Health by: _____

Reason: _____

I have reviewed this report for legibility, completeness, corrections of change, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited and considered alternatives to placement in restrictive housing and have determined that separation from the general inmate population is necessary due to the above-mentioned reason.

[Signature] 2/10/2021 _____
(Shift Supervisor Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 2/16/21 Time: _____ hrs. Place: _____
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☐ No If inmate has witnesses or needs witness statements have the inmate provide the name: _____
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

STATE MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Makueeyapee ID #: 3015941Date: 2/12/21 Time: 0930 Housing Unit: RHUInfraction Number(s) and Description: 4111-Assaulting staff☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 (5) Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: \$40 fine*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*Inmate Signature: [Signature] Date: 2/12/2021☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team Carrie Walster Date: 2/12/21Administrative Review Signature: [Signature] Date: 2/18/2021

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

E

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford MAKUEEYADEE ID # 3015941
Last name First Name
Date: 2/9/21 Time: 1135 Place of Incident: RHU A-block
Room/Cell: LAB Housing Unit: RHU Job Assignment: 9999 UNASSIGNED
Infraction Number(s) & Name(s) 4210 - Destruction of state property
4220 - Impeding staff

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): ON the above, I'm Whitford
tore up his state mattress and flooded the block. Staff was taken away from
other Unit Jobs. NO further incidents occurred.

END of Report

REPORTING STAFF MEMBER: Sgt. Paul Thompson
(Print Name)

Sgt. Paul Thompson
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: currently on phc status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG [Signature]
(Shift Supervisor's Signature)

2/9/2021
(Date)

(Warden or Designee Signature)

1/1
(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: _____ Time: _____ hrs. Place: _____
2. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
3. I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
4. Present evidence and witnesses on my behalf? ☒ Yes ☐ No (if inmate has witnesses, have him/her complete a Witness Request form)
5. Other pertinent notations: Agreement Ref: 8/30/00 for mattress

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

G. Klanecky
(Staff Signature)

2/10/122
(Date & Time)

[Signature]
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford, Makueeyapee ID #: 3015941Date: 2/10/21 Time: 1122 Housing Unit: RHUInfraction Number(s) and Description: 4210 - Dest. of Property; 4220 - Impeding☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanctions: Restitution: \$138.00

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature: See infraction report Date: 2/10/21☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:**

I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend.
 (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team B. Klanecky Date: 2/10/21Administrative Review Signature: [Signature] Date: 2/11/2021

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Whitford M ID # 3015941Date: 2/9/21 Time: 1135 Place of Incident: RHU A-blockRoom/Cell: LAB Housing Unit: RHU Job Assignment: 99999 UnassignedInfraction Number(s) & Name(s): 4111 - Attempted Assault of A Staff memberStaff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____Description of Violation: (who, what, why, where, when and how): on the above Date AND TIME, After Flooding his cell, I/m Whitford attempted to throw water over the top of the door. It is unknown whether or not the water was clean.END of Report.REPORTING STAFF MEMBER: Sgt. Paul Thompson Sgt. [Signature]
(Print Name) (Sign Name)Supervisor Review: _____
(Print Name) (Sign Name)Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: currently on phc status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG [Signature] 2/9/2021 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1 Time: _____ hrs. Place: _____
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have them complete a Witness Request form.
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] 2/9/21 [Signature]
(Staff Signature) (Date & Time) (Inmate's Signature/ID#)

STATE MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford, Makueeyapee ID #: 3015941Date: 2/10/21 Time: 11:21 Housing Unit: R+UInfraction Number(s) and Description: 4108(4111) - Attempted Assault on Staff☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]). [Find grid level to use by adding current & prior guilty decisions].Sanctions: Refer to investigations*Already serving 30 days detention

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature: See infraction report Date: 2/10/21☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:**I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend.
(S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team E. Klanecky Date: 2/10/21Administrative Review Signature: [Signature] Date: 2/11/2021

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MINNESOTA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
 (Information and staff signatures on this form must be legible)
 MAJOR ☒ MINOR ☐

RECEIVED BY
 FEB 08 2021
 DISCIPLINARY

Inmate Name: Whitford Last name Makueyapee First Name ID # 3015941
 Date: 2/16/21 Time: 1530 Place of Incident: SAU C-Block
 Room/Cell: 102 Housing Unit: SAU Job Assignment: 99999-Unassigned
 Infraction Number(s) & Name(s) 4111 - Assaulting any other person
4210 - Destroying, altering, damaging facility property

Staff Witness: 1. C/O Chambers Other Inmates involved 1. _____
 2. C/O Turner 2. _____

Description of Violation: (who, what, why, where, when and how):

On the above date and approximate time while uncuffing inmate Whitford at lower C2. Tamara Whitford pulled the handcuffs into his cell after his left hand was unrestrained. When Inmate Whitford pulled the cuffs into his cell he also pulled my hand into the cell causing injury to my left wrist and breaking the handcuff key on my issued set of keys FOR

Reporting Staff Member: Sgt Cunningham (Print Name) Sgt C (Sign Name)
 Supervisor Review: _____ (Print Name) _____ (Sign Name)

Approval for placement in PHC: ☐ Medical by: _____ ☐ Mental Health by: _____
 Reason: Already PHC-Status

I have reviewed this report for legibility, completeness, corrections of change, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited and considered alternatives to placement in restrictive housing and have determined that separation from the general inmate population is necessary due to the above-mentioned reason.

G. Christensen (Shift Supervisor Signature) 2/16/2021 (Date) Crypt (Warden or Designee Signature) 2/18/2021 (Date)

NOTICE OF HEARING/PREHEARING ACTION		
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.		
1. Hearing Date: <u>2/16/21</u>	Time: <u>Any</u> hrs.	Place: <u>SAU</u>
2. I understand the charge(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, verbally explain the charge(s) to the inmate).		
3. I waive my right to a hearing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if yes, have inmate sign an Agreement/Waiver/Refusal form)		
4. Present evidence and witnesses on my behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No If inmate has witnesses or needs witness statements have the inmate provide the name		
5. Other pertinent notations:		
<u>G. Klammer</u> (Staff Signature)	<u>2/16/2021</u> (Date & Time)	<u>Agreement - 20 days out</u> <u>2/16/21</u> (Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
 EXHIBIT D

STATE OF IOWA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford, Makueeyapee ID #: 3015941Date: 2/8/21 Time: 1102 Housing Unit: SAUInfraction Number(s) and Description: 4111 - Assault; 4210 - Dest. of Property☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] 5 **Grid Level to Use:** 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: 20 days detention, cell 2 days
END 2:24:2021

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature: see infraction report Date: 2/8/21☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:**I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend.
(S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: % Andy S. [Signature] Date: ____/____/____Disciplinary Hearing Officer/Unit Disciplinary Team: [Signature] Klarecky Date: 2/8/21Administrative Review Signature: [Signature] Date: 2/10/2021

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Inmate Whitford **Statement #:** 53101
Incident Date: 02/06/2021 **Incident Time:** 03:30 PM **Statement Date:** 02/06/2021
Jurisdiction: Montana State Prison **Submission Category:** Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/C/LOWER/2/Lower C2 & lower C1

Summary of Incident

On the above date and approximate time while conducting showers on C-Block. I Sgt Cunningham Assisted in escorting Inmate Whitford #3015941 to the shower without incident. After inmate Whitford was secured in the shower he began to escalate in asking why they weren't allowed to go to yard today. I informed Inmate Whitford that yard was cancelled due to staffing and he would not accept the reasoning. After allowed shower time was given I Sgt Cunningham returned to the block to assist with escorting inmate Whitford back to his cell. As I approached the block I was informed by CO Chambers that inmate Whitford was refusing to cuff up from the shower. I approached inmate Whitford while he was in the lower C block shower and he proceeded to refuse to cuff up. Inmate Whitford was given a direct order to cuff up where he did comply. As I Sgt Cunningham unlocked the shower gate Inmate Whitford continued making threats towards CO Chambers. I Sgt Cunningham escorted inmate Whitford to lower C2. After the cell door closed inmate Whitford placed his hands out the food hatch to have his cuffs removed. When I freed his left hand from the restraints inmate Whitford pulled his right hand with the attached restraints into his cell. When the restraints were pulled into the cell my left hand was pulled into the food hatch raking my wrist against the metal door breaking the skin. This action of pulling in the restraints also broke the cuff key on the N-34 ring. I immediately closed the food hatch and informed command post of the situation. CSRT was dispatched to deescalate the situation. While waiting for CSRT Inmate Whitford had used the #3 handcuffs to help break out the inner window to his outer cell window and flooded before CSRT was able to move inmate Whitford. Inmate Whitford was moved from Lower C2 to Lower C1. The water was turned off but Inmate Whitford was able to flood again while in lower C1 due to the toilet being turned all the way up instead of off. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	Inmate causing disturbance
Staff	Chambers, Kelly	CO Conducting showers
Staff	Farmer, Taylor	CO Conducting showers

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Cunningham, Brian

Reporting Staff: Cunningham, Brian

Title: Correctional Officer Sgt

Signature: *B. C. J.*

Date: 2/6/21

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Reviewed / Distributed

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford Assault **Statement #:** 53099
Incident Date: 02/06/2021 **Incident Time:** 03:38 PM **Statement Date:** 02/06/2021
Jurisdiction: Montana State Prison **Submission Category:** Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/C/LOWER/2/inside cell

Summary of Incident

On the above date and approximate time I c/o Farmer and c/o Chambers were doing showers on C-block. We took inmate Whitford, M #3015941 out of his cell to shower with no incident. When inmate whitford finished showering c/o chambers went to go cuff him and he started yelling and refused to cuff up. Sgt. Cunningham then tried to cuff him up and he complied but was still yelling. We got him into his cell and Sgt. Cunningham went to go uncuff him and Whitford pulled the cuffs away and scraped Cunningham's left arm. The Sgt. then went and called Command post. While he called Command Post inmate Whitford then started hitting the cuffs off the windows in his cell. He then shattered the inner pane to his cell. Whitford then started to flood his cell. C/O Chambers got the water key and started turning off whitford's water when he started to throw water out the side of his door at Chambers yelling "Im gonna get you one of these days." The lps team then showed up and got Whitford to move to a new cell and got the cuffs back. Whitford then started flooding his new cell and I was able to get his water turned off without any further incident. EOR

Involved Persons

Category	Person	Narrative
Staff	Farmer, Taylor	
Staff	Chambers, Kelly	
Staff	Cunningham, Brian	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Farmer, Taylor

Reporting Staff: Farmer, Taylor

Title: Correctional Officer 1

Signature: Taylor Farmer

Date: 2-6-2021

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: U. Ch. Reviewed / Distributed

Supervisor Name: U. Christensen

Title: Lieutenant

Signature: U. Christensen

Date: 2/6/21

Routing List (Place an X next to those this report will be distributed to):

☐ Helena Office

☐ Security Major

☐ Medical

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford Assault

Statement #: 53099

Incident Date: 02/06/2021

Incident Time: 03:38 PM

Statement Date: 02/06/2021

Jurisdiction: Montana State Prison

Submission Category: Submitted

☐ MSP Duty Officer

☐ Unit Manager

☐ Maintenance

☐ Warden or Designee

☒ Command Post

☐ Investigator's Office

☐ Deputy Warden

☐ Inmate Records File

☐ MCE

☐ Associate Warden

☐ Inmate Unit File

☐ Safety Committee

☐ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford Assault

Statement #: 53083

Incident Date: 02/06/2021

Incident Time: 03:30 PM

Statement Date: 02/06/2021

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/C/LOWER/2

Summary of Incident

On the above date and approximate time, I C/O Chambers was giving showers on C Block in the SAU. We had moved I/M Whitford A/O# 3015941 to the shower without incident. After he was done with his shower I went to handcuff him, at which time he refused to allow me to handcuff him. I called Sgt. Cunningham onto the block and he directed I/M Whitford to cuff up and return to his cell. I/M Whitford complied with the directive, but continued to yell insults and threats at Sgt. Cunningham as he was being escorted to the cell. After I/M Whitford was secured in his cell Sgt. Cunningham attempted to uncuff him, at which time I/M Whitford pulled away from Sgt. Cunningham causing the door to cut the top of his left wrist. Sgt. Cunningham then quickly shut the food hatch and left the block to call command post. During the time that Sgt. Cunningham was off of C Block I/M Whitford began flooding his cell, at which time I retrieved the water key and shut off his water. While I was attempting to turn off his water I/M Whitford began throwing toilet water out of his cell door at me yelling "I'm gonna get this motherfucker". I/M Whitford then began hitting and kicking his door while yelling "open lower C2" in an attempt to get the control cage to open the door. The CSRT arrived to the unit and moved I/M Whitford to the next adjacent cell. After CSRT left the unit I/M Whitford began flooding his new cell, at which time C/O Farmer retrieved the water key again and turned his water off. E.O.R.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Chambers, Kelly	
Staff	Farmer, Taylor	
Staff	Cunningham, Brian	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Chambers, Kelly

Reporting Staff: Chambers, Kelly

Title: Correctional Officer 1

Signature: 

Date: 2/6/2021

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/Distributed,

Supervisor Name: U. Christensen

Title: Lieutenant

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford Assault **Statement #:** 53083
Incident Date: 02/06/2021 **Incident Time:** 03:30 PM **Statement Date:** 02/06/2021
Jurisdiction: Montana State Prison **Submission Category:** Submitted

Signature: [Signature] **Date:** 2/6/21

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STAT MT MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name MAKUEEYAPEE First Name ID # 3015941
Date: 2.1.2021 Time: 1515 Place of Incident: SAU F-Block
Room/Cell: 2F-1 Housing Unit: SAU Job Assignment: 999 Unassigned
Infraction Number(s) & Name(s) 4208: Insolence: words that harass an employee.
4220: Intentionally obstructing, hindering, or impeding staff
4235: Threatening any staff

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time, I C/O Teruel was observing floor officers attempt to conduct laundry and razor pass on F-Block in SAU. During this time, Inmate Whitford, # 3015941 began to interfere with staff. He began by screaming at them, claiming they are 'scared little bitches', 'pussies', 'piece of shit pigs' and many other disrespectful terms. He also stated that they were lucky he was behind a locked door or he would 'fuck their bitch asses up.' The inmate then proceeded to threaten the floor officers with assaults, floods and any other behavior that would get the inmate sent back to RHH. Due to the threatening and insolence, it caused staff to fall behind in their other duties which is a violation of major rule 4220. (Impeding staff.) The inmate refused orders to follow the rules and be unobtrusive and continued to yell threats and insolent remarks at floor staff until they finished their duties and exited the block at approximately 1530 hours.
End of Report.

REPORTING STAFF MEMBER: David Teruel (Print Name) _____ (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other

Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: Placed PHC in current cell

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

H. [Signature] (Shift Supervisor's Signature) 2/1/21 (Date) _____ (Warden or Designee Signature) _____ (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 2/4/21 Time: Am hrs. Place: SAU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Agreement 11 days det, Credit 2 days end 2-12-21

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature] (Staff Signature) 02/12/2020 (Date & Time) [Signature] (Inmate's Signature / ID#)

STATE MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Makueyapee ID #: 3015941Date: 2/3/21 Time: 1205 Housing Unit: SAUInfraction Number(s) and Description: 4208-Insolence 4235-Threatening staff☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: 11 days det, Credit 2 days, End 2-12-21*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*Inmate Signature: Did Agreement on Inf Report Date: / / ☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.Inmate Signature: _____ Date: / / ☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*Inmate Signature: _____ Date: / / Officer/Witness Signature: _____ Date: / / Disciplinary Hearing Officer/Unit Disciplinary Team Carrie Walster Date: / / Administrative Review Signature: [Signature] Date: 2/4/2021

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

KTV

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Whitford, M ID # 3015941Date: 10-22-20 Time: 1900 Place of Incident: RHO LAIRoom/Cell: LAI Housing Unit: RHU Job Assignment: UNASSIGNED 99999Infraction Number(s) & Name(s) 4210 - Destruction of State PropertyStaff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____Description of Violation: (who, what, why, where, when and how): on the above date and time, Whitford smashed a food tray, then fully plugged the toilet with plastic, paper, & other items. His actions damaged the plumbing, rendering LAI unusable. Whitford was then moved to another cell, where he threatened to flood again

REPORTING STAFF MEMBER:

Sam Jaraman
(Print Name)[Signature]
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC :

☐ Medical: _____ ☐ Mental Health: _____Reason: Inmate currently PHC status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

LT Decker
(Shift Supervisor's Signature)10/22/20
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 11/2/20 Time: Any hrs. Place: Any
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature]
(Staff Signature)10.23.20 0150
(Date & Time)I'm unable to sign
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford Makueyapee ID # 3015941 Date: 10-27-2020Infraction Number(s) & Name(s) 4210 Destroying state property☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☒ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: _____

Evidence Provided: Infraction ReportFindings: ☒ Guilty of # 4210 ☐ Not Guilty of # _____Evidence Relied On: Infraction ReportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): \$25 FineReason(s) for findings: Offender destroyed state property

<u>[Signature]</u>	<u>10/29/2020</u>	<u>Carmi Walster</u>
ADMINISTRATIVE REVIEW / DATE		DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEALInmate's Signature / ID#: Unable to sign / G. Klanecky

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY HEARING DECISION**MAJOR ☒MINOR ☐Inmate's Name: Whitford, Makueeyapee ID # 3013941 Date: 10-22-2020Infraction Number(s) & Name(s) 4210 - Dest. of Property; 4212 - tampering☒ I DO UNDERSTAND THE VIOLATION☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN ☒

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty☒ Other: I haven't had an

Inmate's Statement: _____

opportunity to prepare
a defenseEvidence Provided: infraction report, SMP, photosFindings: ☒ Guilty of # 4210/4212 ☐ Not Guilty of # _____Evidence Relied On: infraction report, SMP, photosFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): Restitution for damages: FBD \$229.95

Reason(s) for findings: _____

safety mattress.Continuation denied.
Offender destroyed a

ADMINISTRATIVE REVIEW / DATE

10/23/2020

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

B. K. Keaneky 10-22-2020

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: unable to sign

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED

OCT 27 2020

DISCIPLINARY

Disciplinary Appeal

(major infractions only)

Inmate's Name: Whitford, Makueeyapee ID# 3015941
 Date: 10/22/2020 Infraction(s): 4210-Dest. of Property; 4212-tamp.
 Disciplinary Hearing Decision: Restitution TBS

Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. I was blatantly denied an opportunity to prepare a defense. I was on ISO and strip cell, with restriction

3. The sanction(s) is excessive.

[Signature]
 Inmate Signature

10/27/2020
 Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐
 Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐
 Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐

Decision:

- ☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:
☐ reduced sanction or level to:
☐ suspended sanction(s) for:

Written justification for the action taken above: Evidence supports the DHO's decision

[Signature]
 Warden or Designee Signature

11/4/2020
 Date

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

OMIS

Attachment H

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
 EXHIBIT D

Security Management Plan (SMP)			
Inmate Name:		AO#	DATE
Whitford, Makueeyapee		3015941	10/21/2020
<input checked="" type="checkbox"/> Security Initiated <input type="checkbox"/> Mental Health Initiated		Plans extended past 72 hours must be reviewed by Multi-Disciplinary Team (MDT)	
(All SMP's must be authorized by Command Post, Shift Commander, or AW of Security prior to implementation)			
Authorized By: (a name must be entered)		LT Postma	Time 8:30
Part 1			
<input type="checkbox"/> The following inmate/inmate record has been screened by Mental Health Professional for Restrictive Housing Unit assignment and currently meets the criteria for being "at-risk" for deterioration, self-harm, and/or danger to others.			
Complete Part 2 & 3			
<input checked="" type="checkbox"/> The following inmate has been assessed due to being placed in a Safe Cell			
Complete Part 3			
Part 2			
<input checked="" type="checkbox"/> This inmate MAY be placed or REMAIN in the Restrictive Housing Unit (See PART 3 Special Management)			
<input type="checkbox"/> It is recommended that this inmate SHOULD NOT be placed in Restrictive Housing, as it may be detrimental to the inmate's mental and/or physical health.			
Part 3 - SPECIAL MANAGEMENT			
I. PURPOSE			
<input type="checkbox"/> Mental Health Observation <input type="checkbox"/> New Precautions/Interventions <input type="checkbox"/> Release from Precautions / Interventions		<input checked="" type="checkbox"/> Continued/Changed Precautions/Interventions <input checked="" type="checkbox"/> 24 HOUR <input type="checkbox"/> 48 HOUR <input type="checkbox"/> 72 HOUR	
II. PRECAUTIONS / INTERVENTIONS (Check all that apply)			
A. Precautions		B. Interventions	
<input type="checkbox"/> Not Applicable <input type="checkbox"/> 15-Minute Watch <input type="checkbox"/> Constant Watch (1:1) Safe Cell Placement <input type="checkbox"/> Electronic Monitoring <input checked="" type="checkbox"/> Other: Must give up styro tray after each meal		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Cell with Restrictions <input type="checkbox"/> Hard Cell <input type="checkbox"/> Safety Diet:	
		<input checked="" type="checkbox"/> Recreation Restriction <input checked="" type="checkbox"/> Other SMC1	
III. Items/Privileges to Remain (check all that apply)			
<input type="checkbox"/> All current items and privileges without limitations		<input checked="" type="checkbox"/> Only these items and privileges as checked below	
A. Bedding		B. Clothing	
<input type="checkbox"/> Mattress <input checked="" type="checkbox"/> Safety Blanket <input type="checkbox"/> Blanket <input checked="" type="checkbox"/> Safety Mattress <input type="checkbox"/> Sheet <input type="checkbox"/> Pillowcase <input type="checkbox"/> Pillow <input type="checkbox"/> Other		<input type="checkbox"/> Boxers/Underwear <input type="checkbox"/> Scrubs <input type="checkbox"/> T-Shirt <input checked="" type="checkbox"/> Safety Smock <input type="checkbox"/> Socks <input type="checkbox"/> Other <input type="checkbox"/> Shoes	
C. Toiletries		D. Other	
<input type="checkbox"/> Toothpaste <input type="checkbox"/> Toilet Paper <input type="checkbox"/> Toothbrush <input type="checkbox"/> Towel <input type="checkbox"/> Deodorant <input type="checkbox"/> ALL <input type="checkbox"/> Wash Cloth <input type="checkbox"/> Other		<input type="checkbox"/> Writing Paper <input type="checkbox"/> Shower <input type="checkbox"/> Observed <input type="checkbox"/> Reading Material <input type="checkbox"/> Other <input type="checkbox"/> Safety Pen	
IV. OTHER SPECIAL MANAGEMENT INSTRUCTIONS:			
Inmate Whitford's SMP is being restarted. At 8:30am, it was found that he had destroyed his safety mattress as well as broken the cameras, hindering staff's ability to safely monitor him. Whitford continues to plug the plumbing and has also been in SMC1. Whitford must surrender styrofoam tray and cup after each use.			
JIM Jovanovich 10/21/2020 SERGEANT/UNIT MANAGER DATE		LT Postma 10/21/20 Authorized By: DATE AW Security, Shift Commander or Command Post must sign.	
_____ MENTAL HEALTH PROFESSIONAL (QMHP) DATE			
_____ Command Post		_____ AW Security	
_____ Chief of Security		_____ Chief of Housing	

EXHIBIT D
EXHIBIT D

File Name: COR MSP Video 3
Camera Name: MSP LHU-1 Solitary Cell 1 Cam 2
Date/Time of Capture: 10/21/2020 2:56:08 AM
Date/Time of Print: 10/21/2020 8:19:59 AM

Network Video Recorder



EXHIBIT D
EXHIBIT D

File Name: COR MSP Video 3
Camera Name: MSP LHU-1 Solitary Cell 1 Cam 2
Date/Time of Capture: 10/21/2020 3:26:25 AM
Date/Time of Print: 10/21/2020 8:23:02 AM

Network Video Recorder

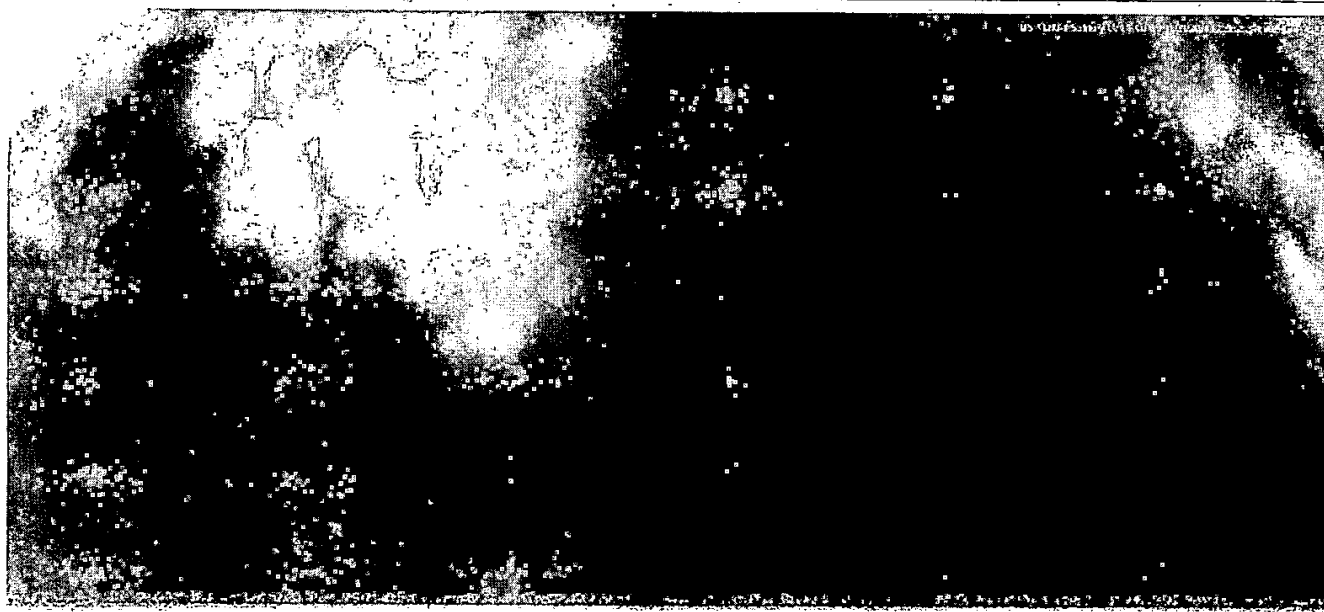


EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY **E**
OCT 22 2020
DISCIPLINARYInmate Name: Whitford, M ID # 3015941

Last name

First Name

Date: 10-21-2020 Time: 0815 Place of Incident: RHO SMCIRoom/Cell: SMCI Housing Unit: RHO Job Assignment: UNASSIGNED 99999Infraction Number(s) & Name(s) 4210 - Destruction of State Property4212 - Tampering with a Security DeviceStaff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____Description of Violation: (who, what, why, where, when and how): ON the above date and time After video review, found that at 0256, INMATE whitford had completely destroyed the Safety mattress IN SMCI.IN ADDITION TO the destruction of State property, whitford also Blocked the camera view at 0256, hindering staff's ability to safely monitor him. The cameras are still blocked as of 0815 hrs.REPORTING STAFF MEMBER: Sam Jovanovic

(Print Name)

(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status:

☐ Pre-Hearing Confinement☒ Release to Previous Status☐ Other

Approval for placement in PHC :

☐ Medical: _____☐ Mental Health: _____Reason: already OP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/23/20 Time: 0900 hrs. Place: PHC
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

Inmate Name: Whitford M ID # 3015941
 Last name First Name
 Date: 10/20/20 Time: 1900 Place of Incident: RHV
 Room/Cell: VAB Housing Unit: RHV Job Assignment: 801 LP
 Infraction Number(s) & Name(s) 4111 - Assaulting Staff
4108 - Conspiring to commit any criminal acts

Staff Witness: 1. U/M Sam Jovanovich Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time, I C/O Goody along with U/M Jovanovich and 2 other staff were attempting to assist I/M Whitford A# 3015941 with flushing his toilet as he is on a water restriction. We grabbed the shield and a shower curtain to protect from any water being splashed on us. One of the staff held the shower curtain up to the right-side edge of his door to stop any fluid from coming out the crack in his door. U/M Jovanovich held the shield up to the front of his door to watch his actions and give him instructions. After they secured the door, I opened the plumbing chase to turn on the water to his toilet to allow him to flush. Whitford had pre-plugged his toilet so that it would overflow when he flushed. I turned off his water and as I did U/M Jovanovich told us to back away as he was grabbing a cup from behind his desk to scoop feces water out of his toilet to throw it on us. As we backed away, he relayed "fuck you punks you wanna fucking play". U/M Jovanovich stated it appeared to be a bag of feces.

EORREPORTING STAFF MEMBER: George Goody Geo Goody

(Print Name)

(Sign Name)

Supervisor Review: BREAR BUCKLER Bear Buckler

(Print Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ OtherApproval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: _____
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

45 Bul

(Staff Signature)

(Date & Time)

SMC L

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY HEARING DECISION**MAJOR ☒MINOR ☐Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 10-22-2020Infraction Number(s) & Name(s) 4111 - Assault; 4108 - Conspiring☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty☒ Other: I haven't had a chance

Inmate's Statement: _____

to prepare a defenseEvidence Provided: infraction report, incident report,
SMPFindings: ☒ Guilty of # 4111 ☒ Not Guilty of # 4108Evidence Relied On: infraction report, incident report,
SMPFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): \$50.00 fineRefer to Interstate Compact Coordinator.

Reason(s) for findings:

Request for continuation
denied. Offender threw an unknown liquid
on a staff member.[Signature] 10/23/2020 E. Klanecky 10-22-2020

ADMINISTRATIVE REVIEW / DATE

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Unable to sign

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Security Management Plan (SMP)			
Inmate Name:	AO#	DATE	TIME
Whitford, M	3015941	10/20/2020	1915hrs
<input checked="" type="checkbox"/> Security Initiated <input type="checkbox"/> Mental Health Initiated		Plans extended past 72 hours must be reviewed by Multi-Disciplinary Team (MDT)	
(All SMP's must be authorized by Command Post, Shift Commander, or AW of Security prior to implementation)			
Authorized By: (a name must be entered)		LT. Franks	Time 1930hrs
Part 1			
<input type="checkbox"/> The following inmate/inmate record has been screened by Mental Health Professional for Restrictive Housing Unit assignment and currently meets the criteria for being "at-risk" for deterioration, self-harm, and/or danger to others. <div style="text-align: center;">Complete Part 2 & 3</div>			
<input checked="" type="checkbox"/> The following inmate has been assessed due to being placed in a Safe Cell <div style="text-align: center;">Complete Part 3</div>			
Part 2			
<input checked="" type="checkbox"/> This inmate MAY be placed or REMAIN in the Restrictive Housing Unit (See PART 3 Special Management)			
<input type="checkbox"/> It is recommended that this inmate SHOULD NOT be placed in Restrictive Housing, as it may be detrimental to the inmate's mental and/or physical health.			
Part 3 - SPECIAL MANAGEMENT			
I. PURPOSE			
<input type="checkbox"/> Mental Health Observation <input checked="" type="checkbox"/> New Precautions/Interventions <input type="checkbox"/> Release from Precautions / Interventions		<input type="checkbox"/> Continued/Changed Precautions/Interventions <input checked="" type="checkbox"/> 24 HOUR <input type="checkbox"/> 48 HOUR <input type="checkbox"/> 72 HOUR	
II. PRECAUTIONS / INTERVENTIONS (Check all that apply)			
A. Precautions		B. Interventions	
<input type="checkbox"/> Not Applicable <input type="checkbox"/> 15-Minute Watch <input type="checkbox"/> Constant Watch (1:1) Safe Cell Placement <input checked="" type="checkbox"/> Electronic Monitoring <input checked="" type="checkbox"/> Other:		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Cell with Restrictions <input type="checkbox"/> Hard Cell <input checked="" type="checkbox"/> Safety Diet: <i>Styrofoam tray ? Paper Spoon</i>	
III. Items/Privileges to Remain (check all that apply)			
<input type="checkbox"/> All current items and privileges without limitations		<input type="checkbox"/> Only these items and privileges as checked below	
A. Bedding		B. Clothing	
<input type="checkbox"/> Mattress <input type="checkbox"/> Blanket <input type="checkbox"/> Sheet <input type="checkbox"/> Pillow		<input type="checkbox"/> Boxers/Underwear <input type="checkbox"/> T-Shirt <input type="checkbox"/> Socks <input type="checkbox"/> Shoes	
<input checked="" type="checkbox"/> Safety Blanket <input checked="" type="checkbox"/> Safety Mattress <input type="checkbox"/> Pillowcase <input type="checkbox"/> Other		<input type="checkbox"/> Scrubs <input checked="" type="checkbox"/> Safety Smock <input type="checkbox"/> Other	
C. Toiletries		D. Other	
<input type="checkbox"/> Toothpaste <input type="checkbox"/> Toothbrush <input type="checkbox"/> Deodorant <input type="checkbox"/> Wash Cloth		<input type="checkbox"/> Toilet Paper <input type="checkbox"/> Towel <input type="checkbox"/> ALL <input type="checkbox"/> Other	
<input type="checkbox"/> Shower <input type="checkbox"/> Other		<input type="checkbox"/> Observed	
IV. OTHER SPECIAL MANAGEMENT INSTRUCTIONS:			
Whitford is being placed in SMC1 due to continued threats and attempts to assault staff with bodily fluids.			
UM Jovanovich		10/20/2020	
SERGEANT/UNIT MANAGER		DATE	
MENTAL HEALTH PROFESSIONAL (QMHP)		DATE	
CC: Unit Manager		Command Post	
AW Security		Chief of Security	
Chief of Housing			

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford Continued Assaultive Behavior **Statement #:** 49071
Incident Date: 10/20/2020 **Incident Time:** 07:00 PM **Statement Date:** 10/20/2020
Jurisdiction: Montana State Prison **Submission Category:** Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/MSP, RHU, UA8

Summary of Incident

Over the past 4 days, Whitford has assaulted staff with fluids and attempted to do so on two other occasions, and flooded A-Block twice. Since the assault on staff on 10/17/2020, Whitford has continually threatened to "shitbomb" any staff member he could. An enhanced liquid barrier was put in place to hinder his attacks toward staff.

Whitford, being on a water restriction is offered water to drink each hour in addition to allowing him to flush his toilet. At 1815hrs, I offered Whitford water, which he was compliant and was given water. I asked Whitford if he wanted to flush his toilet as I observed feces in the toilet. Whitford said "fuck you". I attempted to get him to flush the toilet but he refused at this time. He then became aggressive toward me and started helling "Fuck you, you fucking punk!" "You want to play games?!" I then exited the area and warned staff that Whitford was escalating once again.

At 1900hrs, Sgt. Buckler stated Whitford was adamant about flushing his toilet. Sgt. Buckler, Officers Goody and Anderson and I planned on allowing Whitford the opportunity to flush the toilet and offer water. In doing so, I had Sgt. Buckler get the camera, I used the shield, and Anderson held a large shower curtain over the side of the cell, while Officer Goody attempted to turn on his water. I could see that Whitford had put paper and other items in the toilet that were not previously in the toilet when I offered him the ability to flush.

As Goody flushed the toilet, Whitford feverishly hit the flush button in hopes of getting the toilet to flood. The toilet immediately plugged and Goody shut off the water. Whitford then looked at me through the window and ran to the back of the cell to retrieve something from behind the desk that was dark in color, which I believed to be a spork packet with feces in it. He then rushed toward the door. I gave all staff the direction to quickly move away from his cell before he could assault us with it, which we were able to do. Whitford then began to splash liquid under the bottom of his door.

We backed away from his cell and he began to call all staff "Fucking punks" and stated "You wanna fucking play?!" We then warned the Officer who was on the block along with the bio swamper to stay away from UA8, where he was housed due to his assaultive behavior.

I then contacted LT Franks and indicated that Whitford will assault staff if he is not removed and placed in SMC2. LT Franks stated he would get a team together to extract Whitford to be placed in SMC2. I then drafted the SMP and sent it to LT Franks for approval, which was granted. See SMP for details. This incident was recorded due to his extremely assaultive behavior toward staff.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	Assaultive Inmate
Staff	Buckler, Brian	recorded incident
Staff	Goody, George	turned on/off water
Staff	Jovanovich, Sam	Writer of report, also held shield and observed Whitford

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford Continued Assaultive Behavior Statement #: 49071
 Incident Date: 10/20/2020 Incident Time: 07:00 PM Statement Date: 10/20/2020
 Jurisdiction: Montana State Prison Submission Category: Draft

Category	Person	Narrative
		though cell door.

Source and Documentation

Anonymous Informant: No

Information Source: Staff

Reporting Staff: Jovanovich, Sam

Title: Correctional Officer SupMgr

Signature: 

Date: 10-20-2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: _____

Title: _____

Signature: _____

Date: _____

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐Inmate Name: Whitford, Makueeyapee ID # 3015941
Last name First NameDate: 10-17-20 Time: 1800 Place of Incident: RHU A-BlockRoom/Cell: LA-1 Housing Unit: RHU Job Assignment: 9999- unassignedInfraction Number(s) & Name(s) 4111-Assaulting staff to include causing body fluids to come in contact with another
4210-FloodingStaff Witness: 1. N/A Other Inmates involved 1. N/A
2. N/A 2. N/ADescription of Violation: (who, what, why, where, when and how): on the above date and approx. time I, Sgt. McKinnon, was about to enter A-Block for count, when I noticed LA-1 (Inmate Whitford, Makueeyapee #3015941) was flooding. I immediately told my 2 floor officers to go get the Unit Manager, and Case manager. While my officers were doing that, I grabbed the water key and went on A-Block to the plumbing chase for LA-1. When I got to the plumbing chase I opened the door and began to shut the water off to LA-1, Inmate Whitford at this point began to throw liquid out of the top of his door into me. I got liquid on the top of my head, and down the right side of my body. When I released I realized what Inmate Whitford was doing. I moved to a safe distance, but he already hit me with the liquid several times. At this point I left the block. EORREPORTING STAFF MEMBER: Bryson McKinnon (Print Name) Bryson (Sign Name)Supervisor Review: Sam Johnson (Print Name) [Signature] (Sign Name)Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ OtherApproval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____Reason: Safety/Security

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

Shift Supervisor's Signature: [Signature](Date) OCT 17 2020(Warden or Designee Signature) [Signature](Date) 11**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 10/20/20 Time: ANY hrs. Place: RHU
2. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
3. I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
4. Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

- [Signature] (Staff Signature)1401
10.16.2020 (Date & Time)[Signature] (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

OCT 27 2020

DISCIPLINARY

Disciplinary Appeal

(major infractions only)

Inmate's Name: Whitford, Makuceyapee 3015941Date: 10/22/2020 Infraction(s): 4111-AssaultDisciplinary Hearing Decision: \$50.00 fine; Refer to Interstate**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. I was blatantly denied an opportunity to prepare a defense. Just got off of ISO and restrictions. Strip cell

3. The sanction(s) is excessive.

WTF D (S)
Inmate Signature10/22/2020
Date**WARDEN OR DESIGNEES RESPONSE****Warden or designee:**Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:Written justification for the action taken above: Evidence supports the DHO's decisiongsh
Warden or Designee Signature11/4/2020
Date

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

OMIS

Attachment H

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY HEARING DECISION**MAJOR ☒MINOR ☐Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 10-22-2020Infraction Number(s) & Name(s) 4111-Assault; 4210-Flooding☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty☒ Other:

Inmate's Statement: _____

I haven't had a chance to prepare a defenseEvidence Provided: infraction reportFindings: ☒ Guilty of # 4111/4210 ☐ Not Guilty of # _____Evidence Relied On: infraction reportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 0+ Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): \$50.00 fine

Reason(s) for findings:

denied. offender threw an unknown liquid on staff and flooded. Request for continuation

ADMINISTRATIVE REVIEW / DATE

10/22/2020

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: X unable to sign

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

OCT 27 2020

DISCIPLINARY

Disciplinary Appeal

(major infractions only)

Inmate's Name: Whitford, Makueeyapee # 3015941Date: 10/22/2020 Infraction(s): 4111-Assault; 4210-FloodingDisciplinary Hearing Decision: \$50.00 fine**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. I was blatantly denied an opportunity to prepare a defense - just got off of 150 and restrictions.

3. The sanction(s) is excessive.

Whitford
Inmate Signature10/22/2020
Date**WARDEN OR DESIGNEES RESPONSE****Warden or designee:**Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:**Written justification for the action taken above:** Evidence supports the DHO's decision[Signature]
Warden or Designee Signature11/4/2020
Date

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

OMIS

Attachment H

MSP 3.4.I, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

INMATE: Whitford, AO#: 3015941 LOCATION: RH4
Makueeyapee

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR 10-20-20 IS/ARE BEING CONTINUED UNTIL 10-22-2020

FOR THE FOLLOWING REASONS: safety + security

Inmate Signature Verbally Advised DATED 10-20-20
by sat. Sharkey

Disciplinary P. Klarecky DATED 10-20-20

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

E

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

Inmate Name: WHITFORD, MAKUEEYAPPEE ID # 3015941
 Last name First Name
 Date: 10/16/2020 Time: 1530 Place of Incident: RHU A-BLOCK
 Room/Cell: LA-1 Housing Unit: RHU Job Assignment: 99999 - UNASSIGNED
 Infraction Number(s) & Name(s) 4210 - DESTROYING FACILITY PROPERTY.

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): ON 10/16/2020 AT 1530 I, SERGEANT ROBERT BRIGGS, WAS ON A-BLOCK IN RHU CONDUCTING SHOWERS. AT THIS TIME I OBSERVED INMATE WHITFORD, MAKUEEYAPPEE AOW 3015941 APPEAR TO EXPRESS SINCERE DISDAIN FOR CASE MANAGER JOEL SCHEETT. I APPROACHED WHITFORD IN THE SHOWER AREA TO ASK HIM WHAT HIS PROBLEM WITH CM SCHEETT WAS. WHITFORD STATED HE WOULDN'T LEAVE THE SHOWER UNTIL CM SCHEETT LEFT THE BLOCK. I SPOKE TO WHITFORD FOR ABOUT A MINUTE AND THEN WALKED AWAY AS I BELIEVED THERE WOULDN'T BE ANY MORE PROBLEMS. WHITFORD THEN RIPPED DOWN THE SHOWER CURTAIN, RIPPED IT UP, AND SAID HE WAS SERIOUS ABOUT NOT LEAVING THE SHOWER UNTIL CM SCHEETT LEFT THE BLOCK. I THEN BRIEFLY EXPLAINED TO CM SCHEETT WHAT WHITFORD HAD SAID AND CM SCHEETT LEFT THE BLOCK. WE THEN ESCORTED WHITFORD TO HIS ASSIGNED CELL WITHOUT FURTHER INCIDENT. EOR

REPORTING STAFF MEMBER: SGT. ROBERT BRIGGS _____
 (Print Name) (Sign Name)

Supervisor Review: _____
 (Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

(Shift Supervisor's Signature) _____

(Date) 10/16/20

(Warden or Designee Signature) _____

(Date) 1/1

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/20/20 Time: 10:00 AM Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Sgt J. Sharkey
 (Staff Signature)

10-20-20 10:00 AM
 (Date & Time)

Unable to sign for safety
 (Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 10.22.2020Infraction Number(s) & Name(s) 4210 - Dest. of Property☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty☒ Other: I haven't had an

Inmate's Statement: _____

opportunity to prepare a defense + a different hearing officer.Evidence Provided: infraction reportFindings: ☒ Guilty of # 4210 ☐ Not Guilty of # _____Evidence Relied On: infraction reportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: B3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): Restitution for curtain: TBD

Reason(s) for findings:

Request for continuation denied. Offender destroyed a shower curtain.[Signature] 10/23/2020
ADMINISTRATIVE REVIEW / DATE[Signature] 10.22.2020
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: unable to sign

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

OCT 27 2020

DISCIPLINARY

Disciplinary Appeal

(major infractions only)

Inmate's Name: Whitford, Makueeyapee 3015941Date: 10/22/2020 Infraction(s): 4210 - Dest. of PropertyDisciplinary Hearing Decision: Restitution for curtailment: TBD**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. I was blatantly denied an opportunity to prepare a defense. I was on ISO, on strip cell, with restrictions

3. The sanction(s) is excessive.

[Signature]
Inmate Signature10/22/2020
Date**WARDEN OR DESIGNEES RESPONSE****Warden or designee:**Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:**Written justification for the action taken above:** Evidence supports the DHO's decision.[Signature]
Warden or Designee Signature11/4/2020
Date

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

OMIS

Attachment H

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☐ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☐MINOR ☐

Inmate Name: Whitford Last name MaKueeyapie First Name ID # 3015941

Date: 10/9/2020 Time: 1155 Place of Incident: RTU A-block day room
Room/Cell: L4-2 Housing Unit: RTU Job Assignment: _____

Infraction Number(s) & Name(s) 4108: Planning, attempting, encouraging, facilitating, or conspiring with others to commit any criminal act.
4111: Attempting to spit at an officer.
4210: Flooding

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time I C/O Forrest was helping push water on A-block to inmate Whitford flooding the block with water from the shower. I was pushing water when inmate Whitford tried throwing water at us. He was then asked by SGT. Sharkey to get out up multiple times and he refused. We went back to pushing water when inmate Whitford attempted to spit on me. At that point we backed away and gave him more space. SGT Sharkey then had me leave the block. EOR

REPORTING STAFF MEMBER: Forrest (Print Name) Forrest (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
Reason: Currently on SNAP status.

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

10/9/2020

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/13/2020 Time: _____ hrs. Place: _____
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

T. M... (Staff Signature) 10/13/20 (Date & Time) Refusal S. Harlan (Inmate's Signature / ID#)

Security Management Plan (SMP)			
Inmate Name:	AO#	DATE	TIME
Whitford, Makueeyapee	3015941	10/9/2020	12:00 P.M.
<input checked="" type="checkbox"/> Security Initiated <input type="checkbox"/> Mental Health Initiated		Plans extended past 72 hours must be reviewed by Multi-Disciplinary Team (MDT)	
(All SMP's must be authorized by Command Post, Shift Commander, or AW of Security prior to implementation)			
Authorized By: (a name must be entered)		LT McNabb	Time 12:00 P.M.
Part 1			
<input checked="" type="checkbox"/> The following inmate/inmate record has been screened by Mental Health Professional for Restrictive Housing Unit assignment and currently meets the criteria for being "at-risk" for deterioration, self-harm, and/or danger to others.			
Complete Part 2 & 3			
<input checked="" type="checkbox"/> The following inmate has been assessed due to being placed in a Safe Cell			
Complete Part 3			
Part 2			
<input checked="" type="checkbox"/> This inmate MAY be placed or REMAIN in the Restrictive Housing Unit (See PART 3 Special Management)			
<input type="checkbox"/> It is recommended that this inmate SHOULD NOT be placed in Restrictive Housing, as it may be detrimental to the inmate's mental and/or physical health.			
Part 3 - SPECIAL MANAGEMENT			
I. PURPOSE			
<input type="checkbox"/> Mental Health Observation <input type="checkbox"/> New Precautions/Interventions <input type="checkbox"/> Release from Precautions / Interventions		<input checked="" type="checkbox"/> Continued/Changed Precautions/Interventions <input checked="" type="checkbox"/> 24 HOUR <input type="checkbox"/> 48 HOUR <input type="checkbox"/> 72 HOUR	
II. PRECAUTIONS / INTERVENTIONS (Check all that apply)			
A. Precautions		B. Interventions	
<input type="checkbox"/> Not Applicable <input type="checkbox"/> 15-Minute Watch <input type="checkbox"/> Constant Watch (1:1) Safe Cell Placement <input type="checkbox"/> Electronic Monitoring <input type="checkbox"/> Other: <u>Spit hood required.</u>		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Cell with Restrictions <input checked="" type="checkbox"/> Hard Cell <input type="checkbox"/> Safety Diet:	
		<input checked="" type="checkbox"/> Recreation Restriction <input type="checkbox"/> Other:	
III. Items/Privileges to Remain (check all that apply)			
<input type="checkbox"/> All current items and privileges without limitations		<input checked="" type="checkbox"/> Only these items and privileges as checked below	
A. Bedding		B. Clothing	
<input type="checkbox"/> Mattress <input checked="" type="checkbox"/> Safety Blanket <input type="checkbox"/> Blanket <input checked="" type="checkbox"/> Safety Mattress <input type="checkbox"/> Sheet <input type="checkbox"/> Pillowcase <input type="checkbox"/> Pillow <input type="checkbox"/> Other:		<input type="checkbox"/> Boxers/Underwear <input type="checkbox"/> Scrubs <input type="checkbox"/> T-Shirt <input checked="" type="checkbox"/> Safety Smock <input type="checkbox"/> Socks <input type="checkbox"/> Other: <input type="checkbox"/> Shoes	
C. Toiletries		D. Other	
<input type="checkbox"/> Toothpaste <input type="checkbox"/> Toilet Paper <input type="checkbox"/> Toothbrush <input type="checkbox"/> Towel <input type="checkbox"/> Deodorant <input type="checkbox"/> ALL <input type="checkbox"/> Wash Cloth <input type="checkbox"/> Other:		<input type="checkbox"/> Writing Paper <input type="checkbox"/> Shower <input type="checkbox"/> Observed <input type="checkbox"/> Reading Material <input type="checkbox"/> Other: <input type="checkbox"/> Safety Pen	
IV. OTHER SPECIAL MANAGEMENT INSTRUCTIONS:			
Inmate Whitford flooded the shower on A-Block. During this he threw water and spit at staff. Per LT McNabb Inmate Whitford will be restarted on his SMP for another 24HRS ending at 10/10/20 12:00 P.M. Inmate Whitford will keep all the same precautions and interventions.			
SGT J. Sharkey 10/9/20		LT McNabb 10/9/20	
SERGEANT/UNIT MANAGER DATE		Authorized By: DATE	
<u>MH Steyh</u> <u>10-9-2020</u> MENTAL HEALTH PROFESSIONAL (QMHP) DATE		AW Security, Shift Commander or Command Post must sign.	
CC: Unit Manager	Command Post	AW Security	Chief of Security Chief of Housing

WITHHOLDING REPORT
MONTANA STATE PRISON

Whenever an inmate in Administrative Segregation and/or Detention is deprived of any usually authorized item or activity, this report must be filled out. No item or activity should be withheld longer than is necessary to ensure the inmate's safety and the well-being of the staff and other inmates.		
Inmates Name: Whitford, Makueeyapee	AO #3015941	Date:10/9/20
Item or Activity Withheld: Inmate Whitford will be restricted to his cell for a 24-hour period with only a safety gown, safety blanket and safety mattress. Inmate Whitford will also only receive clam shells at mealtimes.		
Reason for Action: Inmate Whitford flooded the shower on A-Block. During this he threw water and spit at staff. Per LT McNabb Inmate Whitford will be restarted on his SMP for another 24HRS ending at 10/10/20 12:00 P.M. Inmate Whitford will keep all the same precautions and interventions.		
Date/Time to Begin: 10/9/20 12:00 P.M.		
Date/Time Ended: 10/10/20 12:00 P.M.		
Unit Manager/Sgt. Signature: Sgt J.Sharkey		
AW – Security		
NOTE: IF THERE IS A RESTRICTION OF FOOD SERVICES (ie: Food Loaf substitute), the following signature are required		
Warden's Signature	Date:	



Montana Department of Corrections

Statement of Incident

Title: Inmate Whitford
 Incident Date: 10/09/2020 Incident Time: 12:00 PM
 Jurisdiction: Montana State Prison

Statement #: 48669
 Statement Date: 10/09/2020
 Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/2/A Block Shower

Summary of Incident

On the above date and approximate time Inmate Whitford 3015941 was pulled out of his cell so his toilet could be fixed and he could shower. Once in the shower Inmate Whitford flooded the shower. Inmate Whitford then ripped down the shower curtain and started ripping it apart. As C/O Forest, C/O Paul, and myself (SGT J. Sharkey) were pushing water into the drain when Inmate Whitford began throwing water at us. Once that did not work Inmate Whitford resorted to spitting at C/O Forest. The water was turned off from the basement. At that point Inmate Whitford cuffed up and was placed in cell LA5 without further incident.

Involved Persons

Category	Person	Narrative
Staff	Paull, David	Officer involved
Staff	Forrest, William	Officer involved
Staff	Sharkey, John	Supervisor involved
Offender	Whitford, Makueeyapee - 3015941	Inmate Involved

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Sharkey, John

Reporting Staff: Sharkey, John

Title: Correctional Officer

Signature:

Date: 10-9-20

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed and distributed, mental health notified

Supervisor Name: LT McNabb

Title: Lieutenant

Signature:

Date: 10-9-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Inmate Whitford

Statement #: 48669

Incident Date: 10/09/2020

Incident Time: 12:00 PM

Statement Date: 10/09/2020

Jurisdiction: Montana State Prison

Submission Category: Submitted

_____ Deputy Warden

_____ Inmate Records File

_____ MCE

_____ Associate Warden

_____ Inmate Unit File

_____ Safety Committee

_____ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Inmate Whitford **Statement #:** 48671
Incident Date: 10/09/2020 **Incident Time:** 12:00 PM **Statement Date:** 10/09/2020
Jurisdiction: Montana State Prison **Submission Category:** Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/2/A-Block Showers

Summary of Incident

On the above date and approximate time SGT Sharkey, C/O Forest and myself (C/O Paull) escorted Inmate Whitford to the shower. Once Inmate Whitford was in the shower he began flood the shower. Inmate Whitford then ripped off the shower curtain and started ripping it apart. At this point we began cleaning up the water. SGT Sharkey asked Inmate Whitford to cuff up multiple times and Inmate Whitford refused. Inmate Whitford began to throw water at us. Once that didn't work. Inmate Whitford then began spitting towards C/O Forest. Once the water was turned off. Inmate Whitford cuffed up and went to cell LA5. EOR.

Involved Persons

Category	Person	Narrative
Staff	Paull, David	Officer involved
Staff	Forrest, William	Officer involved
Staff	Sharkey, John	Sergeant involved
Offender	Whitford, Makueeyapee - 3015941	Inmate involved

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Paull, David

Reporting Staff: Paull, David

Title: Correctional Officer 1

Signature: *[Signature]*

Date: 10-09-2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed and distributed*

Supervisor Name: *LT McNabb*

Title: *Lieutenant*

Signature: *[Signature]*

Date: 10-9-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

ST/ OF MONTANA DEPARTMENT OF CORR ONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐

Inmate's Name: Whitford, Makueeyapce ID # 3015941 Date: 10/15/2020
Infraction Number(s) & Name(s) 4108 Attempting to commit a criminal act; 4111 Attempting to
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ___ / ___ / ___ By: SENT ON STAFF; 4210 Flooding
Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: I DID NOT GET A COPY OF THIS. I CANNOT PREPARE
A DEFENSE.

-Infraction was read to Whitford.

Evidence Provided: Infraction Report

Attempting
→ conspiracy to commit assault (4111)
Findings: ☒ Guilty of # 4108, 4210 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 20 fine 4108 4210 (Aggravated)
30 days DET ss for 90 days

Reason(s) for findings: Attempted to spit on staff & flooding

[Signature] 10/15/2020
ADMINISTRATIVE REVIEW / DATE

[Signature]
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Unable to sign due to cuffs BRe

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____RECEIVED BY
OCT 21 2020
DISCIPLINARY**Disciplinary Appeal**

(major infractions only)

Inmate's Name: Whitford Makaceggee ID # 3015941
 Date: 10/15/2020 Infraction(s): 4103 (411P) Attempting to Assault
 Disciplinary Hearing Decision: guilty to 2 fine 30 days det 55 for 90 days
Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. The opportunity to prepare a defense was blatantly denied.

3. The sanction(s) is excessive.

[Signature]
 Inmate Signature

10/16/2020
 Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there substantial compliance with applicable disciplinary procedures?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the sanction(s) imposed proportionate to the rule violation(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Decision:

- ☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:
☐ reduced sanction or level to:
☐ suspended sanction(s) for:

Written justification for the action taken above: The DHO's decision is correct

[Signature]
 Warden or Designee Signature

10/22/2020
 Date

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment H

MSP 3.3.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

Inmate Name: Whitford Makueeyapee ID # 3015941
 Last name First Name
 Date: 10-8-20 Time: 12:15 Place of Incident: RHU LA1
 Room/Cell: LA1 Housing Unit: RHU Job Assignment: UN 9999
 Infraction Number(s) & Name(s) 4210: Destroying facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time I (Sgt J. Sharkey) was called by the main cage (Officer Huerta). She told me there was loud banging coming from A-Block. When I went onto A-Block and went to inmate Whitford's 3015941 cell (Lower-A-1) Inmate Whitford had a motherboard from lunch chow and he was smashing it into pieces off the floor. Inmate Whitford was then placed in mechanical wrist restraints and moved from LA1 to LA2 without further incident. EOR.

REPORTING STAFF MEMBER: Sgt J. Sharkey _____
 (Print Name) (Sign Name)

Supervisor Review: _____
 (Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC : ☐ Medical: _____ ☐ Mental Health: _____

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

Lt. Snowden 10/8/2020 _____
 (Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/15/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

M. Mue 10-8-20 Refused PRD
 (Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STA ☐ IF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☐MINOR ☐Inmate's Name: Whitford, Makueyapee ID # 3015941 Date: 10/15/2020Infraction Number(s) & Name(s) 4210 Destroying Property☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: Refused to pleaInmate's Statement: I CANNOT Respond TO THIS. YOU ARE STEPPING ON MY RIGHTS. I HAVE NO OPPORTUNITY TO PRESENT A DEFENSE.You ARE STEPPING OUT OF your qualified immunity.Evidence Provided: Infraction ReportFindings: ☒ Guilty of # 4210 ☐ Not Guilty of # _____Evidence Relied On: Infraction ReportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: ____
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): \$10 fineReason(s) for findings: jeopardizes safety & security of the facility.

[Signature] 10/15/2020
 ADMINISTRATIVE REVIEW / DATE

[Signature]
 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: Unable to Sign due to Cuff Break

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☐ MWP ☐ CONTRACT FACILITY: _____RECEIVED BY
OCT 21 2020
DISCIPLINARY**Disciplinary Appeal**

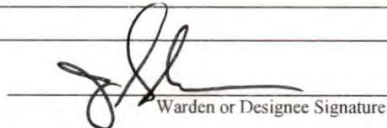
(major infractions only)

Inmate's Name: Whitford WAKAteeyapee ID# 3015941Date: 10/15/2020 Infraction(s): 4210 Destroying propertyDisciplinary Hearing Decision: guilty fine \$100.00**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. The opportunity to prepare a defense was blatantly denied.

3. The sanction(s) is excessive.


Inmate Signature10/16/2020
Date**WARDEN OR DESIGNEES RESPONSE****Warden or designee:**Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:Written justification for the action taken above: Evidence supports the DHO's decision.
Warden or Designee Signature10/22/2020
Date

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

OMIS

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☐ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐

(3) 10/18/20
RHU
LA2

Inmate Name: Whitford M ID # 3015941
Last name First Name
Date: 10/18/20 Time: 1030 Place of Incident: RHU
Room/Cell: LA 8 Housing Unit: RHU Job Assignment: NIA
Infraction Number(s) & Name(s) 4210: Destroying Facility property.

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time, I, Officer Jenkins was on A-block when the blisterpack nurse came to give inmate Whitford, M #3015941 his blisterpack. Once the nurse gave him the clipboard inmate Whitford took the clipboard and started to break it. Inmate Whitford then use the metal part off the clipboard and tried to disassemble the light, the sink and the cell window. Inmate Whitford was ordered to stop but he did not comply. EOR

REPORTING STAFF MEMBER: D. Jenkins _____
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other

Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: Threat to Security

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

Callahan _____ / /
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/14/20 Time: any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Charles _____ 10-8-2020 1035HRS Unable to sign Sgt J. Shaver
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford, Makuey Ace ID # 3015941 Date: 10/14/2020Infraction Number(s) & Name(s) 4210 Destroying Facility Property☐ I DO UNDERSTAND THE VIOLATION☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ___ / ___ / ___ By: _____

Reason: _____

Plea: ☐ Guilty☐ Not Guilty☒ Other: Refused to attendInmate's Statement: N/AEvidence Provided: Infraction ReportFindings: ☒ Guilty of # 4210☐ Not Guilty of # _____Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: ____
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$40.00 fine; Refer to UMT

Reason(s) for findings:

Already serving MAXIMUM allotted
DET. Breaking/Destruction of property jeopardizes the safety/Security
of the facility.

ADMINISTRATIVE REVIEW / DATE

10/15/2020

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: Refused to Attend Hearing

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Matureyapce First Name ID # 3015941
3016491
Date: 10-8-20 Time: 0850 Place of Incident: RHU
Room/Cell: L46 Housing Unit: RHU Job Assignment: UN 99999
Infraction Number(s) & Name(s) 4210: Destroying facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time I (Sgt J. Sharkey) asked Inmate Whitford 3015941 if he wanted to go to his hearing. Inmate Whitford replied for what. I told him I did not know. Inmate Whitford then just kept replying what's it for. We then walked away and he threw a tray at the wall. Inmate Whitford then ignored us and went back to sleep. A little while later Inmate Whitford was asked if he would cuff up and he said he would after he used the restroom. As soon as his water was turned on he began flooding. Inmate Whitford's water was turned off. Inmate Whitford was then stripped out placed in mechanical wrist restraints and moved from L46 to L48, EOR.

REPORTING STAFF MEMBER: John Sharkey (Print Name) _____ (Sign Name) _____

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other

Approval for placement in PHC : ☐ Medical: _____ ☐ Mental Health: _____

Reason: Flooding

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

Callahan (Shift Supervisor's Signature) 10/8/20 (Date) _____ (Warden or Designee Signature) _____ (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/14/20 Time: any Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Chris Sells (Staff Signature) 10-8-2020 (Date & Time) unable to sign Sgt J. Sharkey (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford, Makueyapee ID # 3015941 Date: 10/14/2020Infraction Number(s) & Name(s) 4210 Destroying Property☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____/____/____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty☒ Other: Refused to ArriveInmate's Statement: N/AEvidence Provided: Infraction ReportFindings: ☒ Guilty of # 4210 ☐ Not Guilty of # _____Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: ____
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$300 fine; Refer to WM

Reason(s) for findings: Already serving maximum allotted
DET. Flooding jeopardizes health & safety of staff & inmates

ADMINISTRATIVE REVIEW / DATE

10/15/2020

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: Refused to Arrive Hearing

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Makeceyapee ID # 3015941
 Last name First Name
 Date: 10/8/20 Time: 0203 Place of Incident: RHU UAS
 Room/Cell: UAS Housing Unit: RHU Job Assignment: _____
 Infraction Number(s) & Name(s) 4220-obstructing staff
4210-destruction of state property

Staff Witness: 1. _____
 2. _____

Other Inmates involved 1. _____
 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date & time I/m Whitford, M #3015941 flooded for not getting extra bedding. EOR

REPORTING STAFF MEMBER: Bigelow, Tyler
 (Print Name)

(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☒ Pre-Hearing Confinement☐ Release to Previous Status☐ Other

Approval for placement in PHC :

☒ Medical: RN Virts☒ Mental Health: MH DavisReason: Flooding

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/14/2020 Time: AM 4 hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
 EXHIBIT D

STA F MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐

Inmate's Name: Whetford Makueeyapee ID # 3015941 Date: 10/14/2020
 Infraction Number(s) & Name(s) 4220 Obstructing Staff 4210 Destruction of Property
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
 Continuance granted to Date: ___ / ___ / ___ By: _____
 Reason: _____
 Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to Attend
 Inmate's Statement: _____

Evidence Provided: Infraction Report, Incident Report

Findings: ☒ Guilty of # 4220; 4210 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report; Incident Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 4220 & 4210 (Aggravated) \$20 fine, Refer to WMT

Reason(s) for findings:

Already serving maximum allotted
Det. Flooding jeopardizes health & safety of staff & inmates

[Signature]
 ADMINISTRATIVE REVIEW / DATE

10/15/2020

[Signature]
 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Refused to Attend Hearing

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Flood RHU

Statement #: 48609

Incident Date: 10/08/2020

Incident Time: 02:03 AM

Statement Date: 10/08/2020

Jurisdiction: Montana State Prison

Submission Category: Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/UPPER/5

Summary of Incident

On the above date and time I, C/O Beasley was relieving the officer out of the RHU Primary cage. C/O Elmore was conducting a walkthrough on A Block. When he noticed I/M Whitford, Makueeyapee #3015941 had flooded his cell UA5. Command Post was notified and when the flood was cleaned up, I/M Whitford was moved to LA6 with out further incident.

Involved Persons

Category	Person	Narrative
Staff	Malcomb, Thomas	
Staff	Elmore, Thomas	
Staff	Bigelow, Tyler	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Beasley, Daniel

Reporting Staff: Beasley, Daniel

Title: Correctional Officer 1

Signature:

Date: 10.8.2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed/Distributed*

Supervisor Name:

Title: *Lieutenant*

Signature:

Date: *10/8/20*

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: flood RHU Statement #: 48615
 Incident Date: 10/08/2020 Incident Time: 02:03 AM Statement Date: 10/08/2020
 Jurisdiction: Montana State Prison Submission Category: Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/UPPER/5

Summary of Incident

On the above time I Correctional Officer Elmore was doing a walk through A block I noticed that Inmate Whitford # 3015941 was flooding went to get the water key to turn off his water one of the valves were broken command post was called. Inmate whitford # 3015941 was moved to Lower A 6 with no further incident. End of report

Involved Persons

Category	Person	Narrative
Staff	Malcomb, Thomas	
Staff	Beasley, Daniel	
Staff	Bigelow, Tyler	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Elmore, Thomas

Reporting Staff: Elmore, Thomas

Title: Correctional Officer 1

Signature: *Thomas Elmore*

Date: 10-8-2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed/Distributed*

Supervisor Name: *Don Christensen*

Title: *Lieutenant*

Signature: *Lt. Christensen*

Date: 10/8/20

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

LA-4

INMATE: Whitford, McGuire AO#: 3015941 LOCATION: PHU

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 10/14/2020 & 10/19/2020 IS/ARE BEING CONTINUED UNTIL ^{Rescheduled} 10/14/2020

FOR THE FOLLOWING REASONS: PHC O/O STATUS INMATES ARE TO HAVE
hearings with 72 hrs. Due to staff shortage the hearings for
both will be continued on 10/14/2020

Inmate Signature Unable to sign/SMP DATED 10/9/20

Disciplinary McConnell DATED 10/9/2020

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

Records (White)

Inmate (Goldenrod)

STA F MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford, MAKUEEYAPEE ID # 3015941 Date: 10/6/2020Infraction Number(s) & Name(s) 4210 Flooding☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKENContinuance granted to Date: 10/6/2020 By: Write up explained to him
Blaneenay

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☒ Other: See StatementInmate's Statement: I have been refused an adequate defense. I want
witnesses, books, recordings of the hearing. You are biased
and violate my rights.Evidence Provided: Infraction Report, Still FootageFindings: ☒ Guilty of # 4210 Flooding ☐ Not Guilty of # _____Evidence Relied On: Infraction Report; Still Footage

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____

(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$10 fine

Reason(s) for findings:

Actions jeopardize health and safety
of officers and other inmates.

ADMINISTRATIVE REVIEW / DATE

10/7/2020

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: Unable to sign. Cuffed in back due to previous
Assaultive behavior.

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____Rec.
10/8/20
Amis ✓Disciplinary Appeal

(major infractions only)

Inmate's Name: Whitford, Makueeassee ID # 3015941Date: 10/6/2020 Infraction(s): 4210 FloodingDisciplinary Hearing Decision: GUILTY \$1000 fine**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. I was not given an opportunity to prepare a defense by marshalling the facts and the law in relation to the facts and was not able to address the facts at the hearing do to this.3. The sanction(s) is excessive. The reasoning of the finding was not articulated. Stating that actions jeopardize health & safety of staff and inmates does not explain the reasoning for not allowing me to prepare a defense. Finding requiresW. J. D. W.
Inmate Signature10/7/2020
Date

WARDEN OR DESIGNEES RESPONSE

Warden or designee:

Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐

Decision:

☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:Written justification for the action taken above: THE EVIDENCE SUPPORTS THE DHO'S DECISION.[Signature]
Warden or Designee Signature10/14/2020
DateCopies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY
ADMINISTRATIVE

OCT 02 2020

DISCIPLINARY
RECEIVED BY

Inmate Name: WHITFORD MAKUEEYAPPEE ID # 3015941
Last name First Name
Date: 10-1-20 Time: 12:35 Place of Incident: RHU
Room/Cell: LAS Housing Unit: RHU Job Assignment: _____
Infraction Number(s) & Name(s) 4035-03 4111 ASSAULTING ANY OTHER PERSON (STAFF)
4010 INCLUDING FLOODING

Staff Witness: 1. C/O CLARK
2. SGT. BACKLER

Other Inmates involved 1. _____

2. _____

Description of Violation: (who, what, why, where, when and how): ON THE ABOVE DATE AND TIME I WERE COLLECTING FOOD TRAYS INMATE WHITFORD STARTED TO FLOOD CELL LAS, I OPENED THE PLUMBING CHASE TO TURN OFF THE WATER. AT 12:35 INMATE WHITFORD THEN SPLASHED AN UNKNOWN LIQUID OUT OF THE SIDE OF HIS DOOR, THAT LIQUID STRUCK ME ON THE RIGHT SHOULDER AND NECK.

REPORTING STAFF MEMBER: WHITT JENSEN
(Print Name)

[Signature]
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☒ Pre-Hearing Confinement☐ Release to Previous Status☐ Other

Approval for placement in PHC :

☒ Medical: Marty☒ Mental Health: Miranda HardyReason: ASSAULT

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

Callahan
(Shift Supervisor's Signature)

10/01/20
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/15/20 Time: any hrs. Place: RH
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Sgt J. Sharkey / M. M...
(Staff Signature)

10-1-20 14:15
(Date & Time)

Sgt J. Sharkey
(Inmate's Signature / ID#)

Unable to sign due

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
EXHIBIT D

STA OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford, Makueeyapree ID # 3015941 Date: 10/6/2020Infraction Number(s) & Name(s) 4111 Assault 4210 Flooding☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKENContinuance granted to Date: 10 / 6 / 2020 By: Klanecky Violation was explained to him

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☒ Other: See StatementInmate's Statement: WANTS hearing recorded, WANTS books TO provide for defense. Refuses to plea or CITE A STATEMENT UNTIL books ARE PROVIDED. Hearings officer is biased, violation of rightsEvidence Provided: Infraction Report, Still Camera Footage, Incident ReportFindings: ☒ Guilty of # 4111 Assault, 4210 Flooding ☐ Not Guilty of # _____Evidence Relied On: Infraction Report, Camera Footage, Incident Report (4111 & 4210 Aggravated)For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): \$50.00 fine, MAXIMUM allowable detention has already been sanctioned. Refer to investigators office.Reason(s) for findings: SERIOUS RISK TO Safety & Security of staff.

ADMINISTRATIVE REVIEW / DATE 10/7/2020 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM McCall

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: Unable to sign; cuffed behind back due to previous Assaultive Actions.

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Inmate Whitford Assault on Staff Statement #: 48357
 Incident Date: 10/01/2020 Incident Time: 12:35 PM Statement Date: 10/01/2020
 Jurisdiction: Montana State Prison Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/5

Summary of Incident

On the above date and time while collecting food trays on A Block, Inmate Whitford AO# 3015941 began to flood his cell, LA5. Officer Clark and myself went to shut off the water, Officer Clark held the shield to try and deflect any liquid Inmate Whitford might try to splash out of the side of his door. While I was shutting off the water Inmate Whitford splashed an unknown liquid out of the side of his door that was not completely deflected by the shield, this unknown liquid stuck me in the upper right neck and shoulder area. Immediately after shutting off the water I striped the wet clothing and cleaned my neck. End of report.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	Inmate Flooding and splashing unknown liquids out of his cell.
Staff	Jensen, Wyatt	Myself, the officer shutting off the water.
Staff	Clark, Grant	Officer holding Shield.
Staff	Buckler, Brian	Sgt on the block.

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Jensen, Wyatt

Reporting Staff: Jensen, Wyatt

Title: Correctional Officer 1

Signature: [Signature]Date: 10-1-20

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed - DisapprovedSupervisor Name: CallahanTitle: SSGTSignature: [Signature]Date: 10-01-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford #3015941 Flooding

Statement #: 48355

Incident Date: 10/01/2020

Incident Time: 12:35 PM

Statement Date: 10/01/2020

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/RHU A-Block lower 5

Summary of Incident

At the above date and time, I, Corrections Officer Grant Clark witnessed inmate Whitford AO 3015941 flooding when we were going to pick up trays. I then told the Sergeant, and went to get the water key to shut off the water, while the Sergeant went to get the shield. I then held the shield up against the crack of Whitford's door to block the unknown liquids that he was throwing at us while Corrections Officer Jensen used the key to shut off the water. Both Officer Jensen and I were hit with the unknown liquid through the crack in the door.

Involved Persons

Category	Person	Narrative
Staff	Clark, Grant	Officer Involved
Staff	Jensen, Wyatt	Officer Involved
Staff	Buckler, Brian	Supervisor Involved
Offender	Whitford, Makueeyapee - 3015941	Offender Involved

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Clark, Grant

Reporting Staff: Clark, Grant

Title: Correctional Officer 1

Signature: Grant ClarkDate: 10/1/20

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off.

Supervisor Review and Remarks: Reviewed - DistributedSupervisor Name: CallahanTitle: SSGSignature: [Signature]Date: 10-1-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford M AO3015941

Statement #: 48349

Incident Date: 10/01/2020

Incident Time: 12:35 PM

Statement Date: 10/01/2020

Jurisdiction: Montana State Prison

Submission Category: Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/RHU A block

Summary of Incident

On the above date and time I/M Whitford began flooding on A block. While monitoring C/O's Clark and Jensen try to turn the water off for LA5, I (C/S Buckler) witnessed both C/O's Clark and Jensen get hit with an unknown liquid that I/M Whitford was throwing out the side of his door.

Involved Persons

Category	Person	Narrative
Staff	Buckler, Brian	
Staff	Jensen, Wyatt	
Staff	Clark, Grant	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: Yes

Information Source: Staff - Anonymous Informant. See Supervising Authority for Identity

Reporting Staff: Buckler, Brian

Title: Correctional Officer Sgt

Signature: *C/S Bn Ben*Date: *9-28-20*

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed - Distributed*Supervisor Name: *Callahan*Title: *SSG*Signature: *[Signature]*Date: *10-01-2020*

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**Disciplinary Appeal**

(major infractions only)

Inmate's Name: Whitford, Makueeyance ID # 3018941Date: 10/6/2020 Infraction(s): 4111 Assault 4210 FloodingDisciplinary Hearing Decision: \$5000 fine**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision. There was no evidence of assault, but I did not get to go into my defense because I was not allowed to Marshall the facts or to Marshall the law in relation to the facts.
2. Required disciplinary procedures were not followed. I was not provided an opportunity to prepare a defense and my disciplinary hearing was not recorded. The reasoning behind the finding

3. The sanction(s) is excessive. was not articulated. Stating that assault is a serious risk, does not explain the reasoning of the finding. All major infractions represent serious issues.

[Signature]
Inmate Signature

10/17/2020
Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐

Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐

Decision:

- ☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
- ☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
- ☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:
- ☐ reduced sanction or level to:
- ☐ suspended sanction(s) for:

Written justification for the action taken above: Ev. does support the DHO's decision

[Signature]
Warden or Designee Signature

10/14/2020
Date

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford threats **Statement #:** 48255
Incident Date: 09/29/2020 **Incident Time:** 10:00 AM **Statement Date:** 09/29/2020
Jurisdiction: Montana State Prison **Submission Category:** Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/1/Outside of cell

Summary of Incident

On the above date and time, I (DHO Klanecky) went to the cell of Inmate Whitford, Makueeyapee #3015941 (RHU - LA 1) to inform him I was continuing his scheduled hearing until tomorrow (9-30-2020) to arrange for additional security. Inmate Whitford asked me about his request to review video/photo evidence of the incident. I told him that I was denying his request based on a legitimate penological interest and I informed him that that would be also stated on his hearing form. He then asked me to review video footage. He added that if I reviewed footage, I would see him throwing water near the water control, in an attempt to stop them from shutting off his water. He also stated that staff walked into the water by going to the water control and it wasn't his intention to assault staff with any fluids. I told him I would review all the evidence submitted thus far and determine if reviewing the video was necessary. I then told him we would discuss the incident further at his hearing the following day. I then went to the next cell to speak with another inmate and Inmate Whitford stated, "be sure to get additional security here for the hearing tomorrow".

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Klanecky, Christine

Reporting Staff: Klanecky, Christine

Title: Hearings Officer

Signature:

C. Klanecky

Date:

9.29.2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Supervisor Name:

Title:

Signature:

Date:

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford threats

Statement #: 48255

Incident Date: 09/29/2020

Incident Time: 10:00 AM

Statement Date: 09/29/2020

Jurisdiction: Montana State Prison

Submission Category: Submitted

_____ Warden or Designee

_____ Command Post

_____ Investigator's Office

_____ Deputy Warden

_____ Inmate Records File

_____ MCE

_____ Associate Warden

_____ Inmate Unit File

_____ Safety Committee

_____ Other

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford Makueyapee ID # 3015941 Date: 09-16-2020Infraction Number(s) & Name(s) 4220 - Impeding 4209 - Insolence☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ___ / ___ / ___ By: _____

Reason: _____

Plea: ☒ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: _____

Evidence Provided: Infraction ReportFindings: ☒ Guilty of # 4220 + 4209 ☐ Not Guilty of # _____Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refer to UMTReason(s) for findings: Offender hindered staff and was insolent.

ADMINISTRATIVE REVIEW / DATE 9/17/2023 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM Carrie Walsted

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: _____

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Whitford Last name M First Name M ID # 3015941Date: 9-13-20 Time: 1500 Place of Incident: RHURoom/Cell: LAG Housing Unit: RHU Job Assignment: _____Infraction Number(s) & Name(s) 4220 - (Intentionally Hindering Staff)4208 - (Insolence)

Staff Witness: 1. _____ Other Inmates involved 1. _____

2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time I asked inmate Whitford if he would like a shower and underwear. He responded "I want everything." I told him ok, and moved along. Whitford became agitated and began yelling "You're a lazy-punk bitch." His outbursts continued for the duration of the block shower, disrupting the daily duties of the officers.

REPORTING STAFF MEMBER: Masmann

(Print Name)

(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement☒ Release to Previous Status☐ OtherReason: Already PHC

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

Cassie Walsten

(Staff Signature)

9-16-2020

(Date & Time)

(Inmate's Signature/ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Makucyapee First Name ID # 3015941
Date: 9-12-2020 Time: 2045 Place of Incident: RHU - LA-6102A
Room/Cell: LA-8 Housing Unit: RHU Job Assignment: 99999- Unassigned
Infraction Number(s) & Name(s): 4212 - Destroying, altering, or damaging facility property, including flooding.

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. N/A 2. N/A

Description of Violation: (who, what, why, where, when and how): on the above date and time, while conducting the 1800 count. Sgt. McDonald noticed water flowing out of the drain between LA-8 & LA-7. Command Post was notified and the on cell plumber came in. When the main line was cleared there were pieces of a stake issued bed and pillow in his cell and out of the drain.
End of Report.

REPORTING STAFF MEMBER:

Sgt. McDonald
(Print Name)

[Signature]
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ OtherReason: Not a mandatory PHC Placement

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

Carrin Walster
(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford MakueyapeeID # 3015941 Date: 09-16-2020Infraction Number(s) & Name(s) 4210-Flooding☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ___ / ___ / ___ By: _____

Reason: _____

Plea: ☒ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: _____

Evidence Provided: Infraction ReportFindings: ☒ Guilty of # 4210 ☐ Not Guilty of # _____Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$10 Restitution for cleanupReason(s) for findings: Offender flooded his cell.

[Signature] 9/17/2020 Carnie Walster
 ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEALInmate's Signature / ID#: [Signature]

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

Effective January 1, 2020

EXHIBIT D
 EXHIBIT D

COPY #1

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

RECEIVED BY *g*

SEP 10 2020

DISCIPLINARY

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Marueyapae First Name ID # 3015941
Date: 9-9-20 Time: 12:30 Place of Incident: RHU
Room/Cell: UB1 Housing Unit: RHU Job Assignment: 801 Labor Pool
Infraction Number(s) & Name(s) 4111: Assaulting any other person
4210: Destroying facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time ST Rhineheart and myself (Sgt J. Shockey) were conducting MDT with Inmate Whitford 3015941. During MDT Inmate Whitford became very agitated. ST Rhineheart and myself attempted to remove Inmate Whitford. Inmate Whitford stood up and threw his paper work across the desk. At that point we grabbed Inmate Whitford by the arm and began removing him from the room. Inmate Whitford resisted us through out this whole process. Inmate Whitford was pulling away and screaming. When we got Inmate Whitford in front of the Sally port door he looked directly at me yelled and then threw his left elbow backwards at me. Continued on another write up

REPORTING STAFF MEMBER: Sgt J. Shockey (Print Name) [Signature] (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
Reason: SMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Lt. Snowden (Shift Supervisor's Signature) 9/9/2020 (Date) Crystal Thompson (Warden or Designee Signature) 9/10/20 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/14/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Verbal told needs until Wedn 4/10/2020

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

9-9-20 2020 (Staff Signature) (Date & Time) Unable to Sign SMP (Inmate's Signature / ID#)

Copy # 2

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Makuecyapee First Name ID # 3015941
Date: 9-9-20 Time: 12:30 Place of Incident: RHU
Room/Cell: UB1 Housing Unit: RHU Job Assignment: 801 Labor Pool
Infraction Number(s) & Name(s) 4111: Assaulting any other person
4210: Destroying facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): Because of Inmate
Whitford's aggressive behavior already. I had a firm
grip on his arm and was able to control his arm.
As we were walking through the sally port, Inmate Whitford
icked his right leg attempting to remove the soft-
leg restraints. When we got to B-Block sally port
the food cart was in the sally port. We moved
Inmate Whitford to the side of the sally port so the
food cart could be removed. Inmate Whitford again
looked at me and yelled put me in my fucking
room and proceed to throw his left elbow back
into me again. I had a firm grip on his arm
and was able to control it. Continued on next
write up

REPORTING STAFF MEMBER: Sgt J. Sharkey (Print Name) [Signature] (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
Reason: SMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Lt Snedden (Shift Supervisor's Signature) 9/9/2020 (Date) _____ (Warden or Designee Signature) _____ (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/14/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

9-9-20 2008 (Staff Signature) Unable to Sign SMP (Inmate's Signature / ID#)

402. McDonald
408 B...

Copy #5

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Makucyaper ID # 3015941
 Last name First Name
 Date: 9-9-20 Time: 12:30 Place of Incident: RHU
 Room/Cell: UB1 Housing Unit: RHU Job Assignment: 801 Labor Pool
 Infraction Number(s) & Name(s) 4111: Assaulting any other person
4210: Destroying facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): We then escorted Inmate
Whitford to his cell. Once in the cell I directed
Inmate Whitford to kneel on his bed. As he went
towards the bed he spun around and sat on the
bed. Inmate Whitford then yelled get the fucking
things off me. I told him they only come off if you
follow my direction. At that point Inmate Whitford
reached down and began attempting to take the soft
leg restraints off. I then ordered all staff to exit the
cell. Once all the staff and myself exited the cell I
ordered the cage officer to close Upper B1. As
soon as the door started closing Inmate Whitford
got his soft leg restraints off. Continued on next
write up

REPORTING STAFF MEMBER: Sgt J. Spackey _____
 (Print Name) (Sign Name)

Supervisor Review: _____
 (Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other

Reason: SMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Lt Snowden 9/9/2020 _____
 (Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/14/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations:

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

9-9-20 2008 Unable to Sign SMP
 (Staff Signature) (Date & Time) (Inmate's Signature / ID#)

9/9/2020
405 B202

COPY # 4

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Makueyaper First Name ID # 3015941
Date: 9-9-20 Time: 12:30 Place of Incident: RHU
Room/Cell: UB1 Housing Unit: RHU Job Assignment: 801 Labor Pool
Infraction Number(s) & Name(s) 4111: Assaulting any other person
4210: Destroying facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): Inmate Whitford stood up looked at us seen the cell door was halfway closed. Inmate Whitford then began to slide the belly chains from around his waist down towards his feet. Once out from his feet he had a chain secured to his wrists with a lock on it. He began smashing the cell door window and the back window with this make shift weapon. Inmate Whitford broke out the back window of the cell. I then notified Command Post of the incident. IPS came up and moved Inmate Whitford to safe cell 2. Medical staff (Travis Johnson) then assessed Inmate Whitford. EOR.

REPORTING STAFF MEMBER: _____

(Print Name)

(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement☐ Release to Previous Status☒ OtherReason: SMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

St Snowden
(Shift Supervisor's Signature)

9/9/2020
(Date)

(Warden or Designee Signature)

1/1
(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/14/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

9/9/2020
St Snowden
9/9/2020
St Snowden

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeyapee incident **Statement #:** 47553
Incident Date: 09/09/2020 **Incident Time:** 12:05 PM **Statement Date:** 09/09/2020
Jurisdiction: Montana State Prison **Submission Category:** Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/B/UPPER/1/RHU UB1 cell

Summary of Incident

On the above date and Approx. time Sergeant Sharkey, and I, ST C Rhineheart, and was escorting Inmate Whitford, Makueeyapee 3015941 from MDT after his appearance was terminated. Whitford began yelling and screaming "its fucking bullshit," "Why do anything and the fucking programming, when it doesn't matter anyways." Whitford began pulling away while we were escorting him and attempted to hit the Sally port door with his fist while we were waiting for it to open. Officer Huerta came around the cage to see Whitford and immediately began to follow the escort. Whitford then kicked the second sally port door and proceeded to scream. While walking to the Block sally port, past the cage, Whitford kicked his leg hard in what appeared to be an attempt to break free from his soft restraints. Whitford began getting very agitated and yelling "just get me to my fucking cell already" toward myself and Sgt. Sharkey. Once we entered B Block the other two floor officers joined us to escort Whitford to his cell. Once in UB1 cell Whitford went immediately to his cell and sat on the bed. Sgt Sharkey instructed Whitford to kneel on the bed to which he stated, "fuck you." Sgt Sharkey then told Whitford to kneel on the bed and that we would not take off the restraints until he did and Whitford pulled away and yelled "Fuck you" again. Whitford then leaned down and began to remove his restraints himself and at that point all staff exited the cell and secured the door. Whitford tossed the soft restraints out of the food slot and then took a few steps back and stepped out of his bell chain. Whitford then began to swing the chain at the front and rear windows breaking the inner glass on the back window. Whitford continued to yell and scream at the staff and turned to swing at the rear window. When his back turned to us, I reached over and closed the food slot, Sgt. Sharkey keyed the food slot closed and we left the block to initiate response. I returned to the MDT meeting and informed them of the incident that had occurred. - End of report

Involved Persons

Category	Person	Narrative
Staff	Sharkey, John	Sgt Escorting inmate
Staff	Huerta, Chloe	Officer providing presence during escort

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Rhineheart, Cynthia

Reporting Staff: Rhineheart, Cynthia

Title: Correctional Officer

Signature: ST C Rhineheart

Date: 9/9/2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeyapee incident

Statement #: 47553

Incident Date: 09/09/2020

Incident Time: 12:05 PM

Statement Date: 09/09/2020

Jurisdiction: Montana State Prison

Submission Category: Draft

Supervisor Name: Thomas Snowden

Title: Lieutenant

Signature: [Signature]

Date: 9-9-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford 3015941 Statement #: 47557
 Incident Date: 09/09/2020 Incident Time: 01:00 PM Statement Date: 09/09/2020
 Jurisdiction: Montana State Prison Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes
 Location: Montana State Prison

Summary of Incident

called to unit to assess inmate following an extraction. Noted that inmate was agitated and making threat, vital signs were stable except Sats were low due to the way he was being held. Finished assessment quickly so he could be placed in safe cell. noted inmate walking around not in distress

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Johnson, Benjamin

Reporting Staff: Johnson, Benjamin

Title: LPN

Signature: 

Date: 9-9-20

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed

Supervisor Name: Thomas Snowden

Title: Lieutenant

Signature: 

Date: 9/9/2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Copy #1

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

RECEIVED BY *q*

SEP 10 2020

DISCIPLINARY

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Makueeyapae First Name ID # 3015941
Date: 9-9-20 Time: 12:30 Place of Incident: RHU
Room/Cell: UB1 Housing Unit: RHU Job Assignment: 801 Labor Pool
Infraction Number(s) & Name(s) 4111: Assaulting any other person
4210: Destroying facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time ST Rhineheart and myself (Sgt J. Sharkey) were conducting MDT with Inmate Whitford 3015941. During MDT Inmate Whitford became very agitated. ST Rhineheart and myself attempted to remove Inmate Whitford. Inmate Whitford stood up and threw his paper work across the desk. At that point we grabbed Inmate Whitford by the arm and began removing him from the room. Inmate Whitford resisted us through out this whole process. Inmate Whitford was pulling away and screaming. When we got Inmate Whitford in front of the Sally port door he looked directly at me yelled and then threw his left elbow backwards at me. Continued on another write up

REPORTING STAFF MEMBER: Sgt J. Sharkey (Print Name) [Signature] (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
Reason: SMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Lt Snadden (Shift Supervisor's Signature) 9/9/2020 (Date) Crystal Thompson (Warden or Designee Signature) 9/10/20 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/14/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Verbal told needs until Wedn 4/10/2020

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature) 9-9-20 2008

(Date & Time)

Unable to Sign SMP

(Inmate's Signature / ID#)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

EXHIBIT D
EXHIBIT D

Copy # 2

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Makuecyapee First Name ID # 3015941
 Date: 9-9-20 Time: 12:30 Place of Incident: RHU
 Room/Cell: UB1 Housing Unit: RHU Job Assignment: 801 Labor Pool
 Infraction Number(s) & Name(s) 4111: Assaulting any other person
4210: Destroying facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): Because of Inmate
Whitford's aggressive behavior already, I had a firm
grip on his arm and was able to control his arm.
As we were walking through the sally port, I made Whitford
kick his right leg attempting to remove the soft
leg restraints. When we got to B-Block sally port
the food cart was in the sally port. We moved
Inmate Whitford to the side of the sally port so the
food cart could be removed. Inmate Whitford again
looked at me and yelled put me in my fucking
room and proceed to throw his left elbow back
into me again. I had a firm grip on his arm
and was able to control it. Continued on next
write up

REPORTING STAFF MEMBER: Sgt J. Sharkey (Print Name) J (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
 Reason: SMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Lt. Duerden (Shift Supervisor's Signature) 9/9/2020 (Date) _____ (Warden or Designee Signature) _____ (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/14/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations:

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

408 McDonald (Staff Signature) 9-9-20 2008 (Date & Time) Unable to Sign SMP (Inmate's Signature / ID#)

Copy #3

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

Inmate Name: Whitford Last name Makureyaper First Name ID # 3015941
 Date: 9-9-20 Time: 12:30 Place of Incident: RHU
 Room/Cell: UB1 Housing Unit: RHU Job Assignment: 801 Labor Pool
 Infraction Number(s) & Name(s) 4111: Assaulting any other person
4210: Destroying facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): We then escorted Inmate Whitford to his cell. Once in the cell I directed Inmate Whitford to kneel on his bed. As he went towards the bed he spun around and sat on the bed. Inmate Whitford then yelled get the fucking things off me. I told him they only come off if you follow my directions. At that point Inmate Whitford reached down and began attempting to take the soft leg restraints off. I then ordered all staff to exit the cell. Once all the staff and myself exited the cell I ordered the cage officer to close Upper B1. As soon as the door started closing Inmate Whitford got his soft leg restraints off. Continued on next write up

REPORTING STAFF MEMBER: Sgt V. Sharkey (Print Name) [Signature] (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
 Reason: SMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] (Shift Supervisor's Signature) 9/9/2020 (Date) [Signature] (Warden or Designee Signature) 1/1 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/14/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] (Staff Signature) 9-9-20 2008 (Date & Time) Unable to sign SMP (Inmate's Signature / ID#)

Copy # 4

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Makueyaper ID # 3015941
 Last name First Name
 Date: 9-9-20 Time: 12:30 Place of Incident: RHU
 Room/Cell: U81 Housing Unit: RHU Job Assignment: 801 Labor Pool
 Infraction Number(s) & Name(s) 4111: Assaulting any other person
4210: Destroying facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): Inmate Whitford stood up looked at us seen the cell door was halfway closed. Inmate Whitford then began to slide the belly chains from around his waist down towards his feet. Once out from his feet he had a chain secured to his wrists with a lock on it. He began smacking the cell door window and the back window with this make shift weapon. Inmate Whitford broke out the back window of the cell. I then notified Command Post of the incident. IPS came up and moved Inmate Whitford to safe cell 2. Medical staff (Travis Johnson) then assessed Inmate Whitford. SOP.

REPORTING STAFF MEMBER:

Supervisor Review:

(Print Name)

(Sign Name)

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement☐ Release to Previous Status☒ OtherReason: SMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]

(Shift Supervisor's Signature)

9/9/2020

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/14/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations:

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

9-9-20 2008

(Date & Time)

Unable to Sign SMP

(Inmate's Signature / ID#)

% 2 McDonald
 % Breen

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

EXHIBIT D
EXHIBIT D

KHU/Max/49499 Unassigned

KHU/Max

ADK

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY HEARING DECISION**MAJOR ☒MINOR ☐Inmate's Name: Whitford Makueeyapee ID # 3015941 Date: 09-16-2020Infraction Number(s) & Name(s) 4111-Assaulting Another person 4210-Destroying state☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN Prison

Continuance granted to Date: ___ / ___ / ___ By: _____

Reason: _____

Plea: ☒ Guilty ☐ Not Guilty ☐ Other: _____Inmate's Statement: No statementEvidence Provided: Infraction Report / Video Cameras / Incident ReportFindings: ☒ Guilty of # 4111 + 4210 ☐ Not Guilty of # _____Evidence Relied On: Infraction Report / Video Cameras / Incident ReportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): 30 days detention, Credit for 7 days, End 10-09-2020, Restitution \$258.00Reason(s) for findings: Offender assaulted staff + broke a window in the back of his cell when he slipped his belly chains.ADMINISTRATIVE REVIEW / DATE 9/17/2020 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM Carri Walster

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford Makueyaper ID # 3015941 Date: 09-16-2020

Infraction Number(s) & Name(s) 4111 - Assaulting Another person 4210 - Destroying state property

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN _____

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☒ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: No statement

Evidence Provided: Infraction Report + Video Cameras / Incident Report +

Findings: ☒ Guilty of # 4111 + 4210 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report + Video Cameras / Incident Report +

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 30 days detention, Credit for 7 days, End 10-09-2020, Restitution \$258.00

Reason(s) for findings: Offender assaulted staff + broke a window in the back of his cell when he slipped his belly chains.

ADMINISTRATIVE REVIEW / DATE 9/17/2020 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM Carmen Walcott

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: [Signature]

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueyapee ID # 3015941 Date: 8/10/2020

Infraction Number(s) & Name(s) 4235 Threatening 4213 Refusing An Order

☐ I DO UNDERSTAND THE VIOLATION ☒ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: Explained what we up to him CConnell

Reason:

Plea: ☐ Guilty ☐ Not Guilty ☒ Other: I cannot enter a plea, due process not followed

Inmate's Statement: I do not have the facts of the case. Procedures were not adhered to. This hearing was forced on me. I cannot plead guilty or not guilty. I have some of the tools I need but not enough for a defense. My defense has nothing to do with the facts, its about procedure. My rights have been violated

Evidence Provided: Infraction Report, Incident Report, Inmate Written Statement

Findings: ☒ Guilty of # 4235, 4213 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report, Incident Report, Inmate Written Statement

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): I do not have the information available on the facts of the case. 16 days det, credit for 15 days Release on 8/12/2020

Reason(s) for findings: Jeopardized safety & security

[Signature]
ADMINISTRATIVE REVIEW / DATE

8/14/2020

[Signature]
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#:

WJT DVT 3015941 (8-11-2020)

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Sent appeal form 8-12-2020 DUE 8-27-2020

FILE 8.27.2020

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**Disciplinary Appeal**

(major infractions only)

Inmate's Name:

Whitford, Makueeyapoe 3015941

Date: 8/11/20

Infraction(s): 4235-threatening; 4213-Ref. Orders

Disciplinary Hearing Decision:

16 days det. cre 15 days

Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

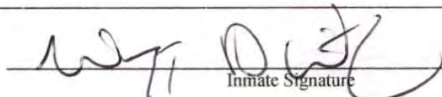
1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed.

My whole defense was based on Pre-Hearing procedure. Please see attached documentation and document entitled "Disciplinary Appeal". This is not enough room here to say what I need to say.

3. The sanction(s) is excessive.

Please send me copies of attachments.



Inmate Signature

8/16/2020

Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding?

YES ☒NO ☐

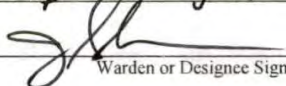
Is there substantial compliance with applicable disciplinary procedures?

YES ☒NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☒NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:**Written justification for the action taken above:**

Your defense has nothing to do with the infractions you received. I will look into the issues you have brought up in your appeal.



Warden or Designee Signature

8/21/2020

Date



Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☐ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

RECEIVED BY E

SEP 30 2020

DISCIPLINARY

MAJOR ☒MINOR ☐

Inmate Name: WHITFORD MAKUEEYAPEE ID # 3015941
Last name First Name
Date: 9-29-20 Time: 0715 Place of Incident: RHU
Room/Cell: LA1 Housing Unit: RHU Job Assignment: 59 NOT ASSIGNED
Infraction Number(s) & Name(s) 4235 THREATENING ANY PERSON TO INCLUDE STAFF WITH BODILY HARM.
4208 INSOLENCE INCLUDING BUT NOT LIMITED TO DIRECT DISRESPECT.

Staff Witness: 1. _____
2. _____

Other Inmates involved 1. _____
2. _____

Description of Violation: (who, what, why, where, when and how): WHEN TAKING INMATE WHITFORD
M. 3015941, TO YARD HE BEGAN TO BE VERY DISRESPECTFUL AND HOSTILE, HE THEN
BEGAN TURNED TO ME AND VERBALLY THREATENED ME TO PUNCH ME, I THEN
PLACED IN WHITFORD BACK INTO HIS CELL THE INMATE THEN THREATENED
TO KICK ME IN THE STOMACH, I THEN HAD THE CAGE OFFICER
CLOSE THE CELL DOOR BEFORE IN WHITFORD COULD ASSAULT ME.
THE ABOVE INCIDENT HAPPENED ON THE ABOVE DATE AND APPROXIMATE
TIME.

REPORTING STAFF MEMBER: WYATT C. JENSEN
(Print Name)

Wyatt C. Jensen
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement☐ Release to Previous Status☐ OtherReason: Security threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG [Signature]
(Shift Supervisor's Signature)

9/29/2020
(Date)

(Warden or Designee Signature)

(Date)

on or before
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/2/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
(Staff Signature)

9/29/20 0858
(Date & Time)

[Signature] 3015941
(Inmate's Signature / ID#)

STA ☒ OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford MAKUPEYARCE ID # 3015941 Date: 10/6/2020Infraction Number(s) & Name(s) 4235 Threatening 4208 Insolence☐ I DO UNDERSTAND THE VIOLATION ☒ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION/TAKEN
WRITE UP WAS EXPLAINED TO HIMContinuance granted to Date: 10/6/20 By: KlanceyReason: Additional Security NeededPlea: ☐ Guilty ☐ Not Guilty ☒ Other: I CANNOT PROCEED, RIGHTS ARE BEING VIOLATEDInmate's Statement: I WANT A RECORDER, I HAVEN'T HAD TIME TO VIOLATEDPREPARE MY DEFENSE, I NEED THE RIGHT BOOKS TO PREPARE. I WANTWITNESSES - UPPER 3, UPPER 6, ANDERSON YOU ARE NOT UNBIASED,I WANT TALK ABOUT THESE MOTHER FUCKING ASSAULTSYOU VIOLATE MY RIGHTS, YOU ARE BIASED - THE COURTS WILL HANDLETHIS, I WILL SUE YOU IN YOUR OFFICIAL CAPACITY, & INDIVIDUAL CAPACITY.Evidence Provided: Infraction Reports 14th amendmentFindings: ☒ Guilty of # 9235 Threatening & 4208 Insolence ☐ Not Guilty of # _____Evidence Relied On: Infraction ReportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): \$2100 fine (4235 & 4208 Aggravated); MAXIMUM ALLOWABLE
BEHIND DETENTION TIME HAS ALREADY BEEN SANCTIONED.Reason(s) for findings: Threatening IS SERIOUS RISK TO
SAFETY & SECURITY.ADMINISTRATIVE REVIEW / DATE 10/7/2020DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM [Signature]

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: CANNOT SIGN, HANDCUFFED BEHIND BACKS FOR SECURITY DUE
TO PREVIOUS ASSAULTIVE ACTIONS

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

INMATE: Whitford Makunyepec AO#: 3015941 LOCATION: RMU

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 10-1-2020 IS/ARE BEING CONTINUED UNTIL 10-5-20

FOR THE FOLLOWING REASONS: Further Investigation

Inmate Signature [Signature] DATED 10-1-2020

Disciplinary Carri Walston DATED 10-1-2020

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 10-5-2020 IS/ARE BEING CONTINUED UNTIL 10-10-2020

FOR THE FOLLOWING REASONS: arrange for additional
Security

Inmate Signature Verbally Advised DATED 10/5/20@ 1145

Disciplinary C. Klarecky, N Bowers DATED 10-5-2020

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**Disciplinary Appeal**

(major infractions only)

Inmate's Name: Whitford, MAKUCCYAPee ID # 3015941Date: 10/6/20 Infraction(s): 4235 Threatening 4208 InsultenceDisciplinary Hearing Decision: Guilty \$21⁰⁰ fine**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed.

I was not given the opportunity to prepare a defense by marshalling the facts and the law in relation to those facts. I was not able to address the facts because of this.

3. The sanction(s) is excessive. And the reasoning behind the decision of the DHO was not articulated as to why he found me guilty, stating that threatening is a serious risk is not an explanation as to the reasoning behind the finding.

W. J. D. Liff
Inmate Signature

10/7/2020
Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:Written justification for the action taken above: The DHO's decision is correct.

[Signature]
Warden or Designee Signature

10/14/2020
Date

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE MONTANA DEPARTMENT OF CORRECTIONS RECEIVED BY 9
MSP ☐ MWP ☐ CONTRACT FACILITY: _____ SEP 18 2020
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐ DISCIPLINARY

Inmate Name: Whittsord m ID # 3015941
Last name First Name
Date: 9.17.20 Time: 1510 Place of Incident: RHU
Room/Cell: 2A8 Housing Unit: RHU Job Assignment: _____
Infraction Number(s) & Name(s) 4111 assaulting officer with unknown liquid.
4210 Flooding.

Staff Witness: 1. Goody c/o Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date & approximate time, I officer J. Johnson was informed by the control cage informed me a block was flooding. On reaching a block, officer Goody and I discovered it to be 2A8 Inmate Whittsord was flooding. Approaching the plumbing chase to turn off the water. Inmate Whittsord was throwing an unidentified liquid out the side of his cell at me. c/o J. Johnson. The liquid struck me on the arm, head, chest, and back. The liquid also struck officer Goody who held up some paper bags to the door to block the onslaught. We finally managed to turn off the water.

REPORTING STAFF MEMBER: Jared S. Johnson Jared S. Johnson
(Print Name) (Sign Name)
Supervisor Review: Bruce Buckner Bruce Buckner
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
Reason: Whittsord already on 30 Days Detention.

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] 9/17/2020 [Signature] 9/18/20
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/21/20 Time: _____ hrs. Place: _____
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] 9-17-20 1808 Unable to Sign Due to placement
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

RECEIVED BY

SEP 18 2020

STATE MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

DISCIPLINARY

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Whittford M ID # 3015941

Date: 9-17-20 Time: 1510 Place of Incident: RHV
Room/Cell: _____ Housing Unit: RHV Job Assignment: _____
Infraction Number(s) & Name(s) 4111 Assaulting officer with unknown liquid

Staff Witness: 1. C/O Johnson
2. _____

Other Inmates involved 1. _____
2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time C/O Johnson and myself (C/O Goody) where informed by the primary cage that inmate Whittford was flooding. We went onto A Block to see water on the ground coming from LAB. Well trying to shut off his water I/M Whittford was throwing an unknown liquid through the crack in his door, the liquid hit hit myself in the face, head, torso, arm and legs. We were able to shut off the water well still being splashed with liquid. Liquid looked clear and plumbing chase was open so all we could smell was sewage. We exited the block.

REPORTING STAFF MEMBER:

Des Goody
(Print Name)

George Goody
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ OtherReason: Whittford is already on 30 days Detention

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]
(Shift Supervisor's Signature)

9/17/2020
(Date)

[Signature]
(Warden or Designee Signature)

9/18/20
(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/21/20 Time: _____ hrs. Place: _____
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

45 B - C
(Staff Signature)

9-17-20 (608)
(Date & Time)

Unable to sign Due to placement
(Inmate's Signature / ID#)

Combine w/ other infraction -
same incident - CK

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford AO# 3015941 Flooding and Assaulting staff with unknown liquid
Statement #: 47813
Incident Date: 09/17/2020 **Incident Time:** 03:20 PM **Statement Date:** 09/17/2020
Jurisdiction: Montana State Prison **Submission Category:** Draft

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/A/LOWER/8

Summary of Incident

On the above date and time while conducting showers on C block of RHU, C/O Johnson and myself were informed by the primary cage that I/M Whitford AO# 3015941 was flooding. C/O Johnson and myself went to A block with the water key to shutoff the water. I placed flood barriers next to the drain and around doors while C/O Johnson went to shutoff the water. I/M Whitford started throwing toilet/ flood water out of the side of his cell door onto C/O Johnson and myself. The water hit both C/O Johnson and myself on the face head and body while trying to shutoff the water. I grabbed a paper bag and put it up to the crack in his door to help stop the water being thrown. We were able to shut the water off and exited the block.

Involved Persons

Category	Person	Narrative
Staff	Johnson, Jared	
Staff	Goody, George	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Goody, George

Reporting Staff: Goody, George

Title: Correctional Officer 1

Signature: *Geo Goody*

Date: 9/17/20

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: *B C M* **Title:** *CS*

Signature: *B C M* **Date:** 9-18-20

Routing List (Place an X next to those report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STA ☒ F MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford, Makuee yapee ID # 3015941 Date: 9.21.2020Infraction Number(s) & Name(s) 4111-Assault; 4210-flooding; 4111-Assault☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKENContinuance granted to Date: 9.23.2020 By: L. KlaneckyReason: Offender request.Plea: ☒ Guilty 4220 ☒ Not Guilty 4111/4111 Other: _____

Inmate's Statement:

The officers seen + knew before they walked into the water that it was being thrown. They walked directly into the water. This is why I asked for the video to be reviewed. There's 2 main elements to a crime. The act + intent. There was no intent.

Evidence Provided: infraction report, photo, incident report, Offender's statementFindings: ☒ Guilty of # 4111/4111/4220 ☐ Not Guilty of # _____Evidence Relied On: infraction report, photo, incident report, Offender's statement

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 80 days detention
START 10.10.2020
END 10.30.2020

Reason(s) for findings:

Request to review/copy video and/or photos denied based on legitimate penological interest. Offender threw water out of his cell door striking 2 officers. It is unknown what the liquid was. L. Klanecky 9.30.20

ADMINISTRATIVE REVIEW / DATE 10/1/22

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: X unable to sign - cuffed in the back.

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: S.A.U Yard 7/27/2020

Statement #: 45839

Incident Date: 07/27/2020

Incident Time: 03:00 PM

Statement Date: 07/27/2020

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Secure Adjustment Unit Yard

Summary of Incident

On the above date and approx. time I, Sgt. McKinnon, was called to the S.A.U yard by C/O (Correctional Officer) Porter, K. When I arrived to the yard I/M (Inmate) Whitford, M. #3015941 was shirtless, and was yelling at the other inmates in the yard about something. C/O Porter informed me at this point that a few inmates had their shirts off so he told them to put their shirts back on. All the inmates did as C/O Porter asked except I/M Whitford. So I walked over to I/M Whitford's cage and asked him to put his shirt on and cuff up. I/M Whitford immediately stated to me "Hell no". At this point I/M Whitford started to yell at my staff and me, a lot of what he was yelling could not be understood but, he did state to me several times that I was a punk ass sgt. and that if he was on the streets he would beat my ass no questions asked. I then asked one of my officers to go get the camera and record what he was doing and saying. At this point I turned to the inmate that was closest to me besides I/M Whitford and told him to come over and cuff up. This inmate was Wilkins, B. #3021504. I/M Wilkins ignored my first request to cuff off, so I told I/M Wilkins that everyone was going back inside and that he need to cuff up. I/M Wilkins again ignored my request. At this point I told I/M Wilkins "Direct order come to the gate and cuff up", again I/M Wilkins ignored me. I then told my staff to take in every inmate that is willing to cuff up and put them back in there cells. I then notified command post about everything that was going on and they said that IPS was on there way to S.A.U. My staff brought every inmate back inside the unit except for I/M Wilkins and I/M Whitford. At this point I/M Wilkins asked me if he could be cuffed up and brought back inside, I told him if he would cuff up he could be brought back inside, he agreed, so I had one of my officers cuff him up and take him inside the unit without any further incident from him. About 2 mins after I/M Wilkins was escorted inside the IPS team arrived at S.A.U. Upon arriving IPS SSGT. Segovia asked I/M Whitford if he was going to cuff up, I/M Whitford just continued to yell and attempted to stick his arm out of the slot trying to grab SSGT. Segovia. So IPS began to get there all of their gear on. Throughout the entire time IPS was getting their gear on I/M Whitford continued to yell at all of the staff. Once IPS had all of their gear on they went to his cage and order that I/M Whitford get on the ground I/M Whitford complied with this order and got on the ground. As soon as I/M Whitford was on the ground IPS went inside the cage and cuffed him. At this point IPS took I/M Whitford to RHU. EOR

Involved Persons

Category	Person	Narrative
Staff	Porter, Kaleb	Officer watching the S.A.U yard.
Offender	Whitford, Makueeyapee - 3015941	I/M that refused to cuff up and started to threaten staff.
Staff	Segovia, Danel	SSGT. of IPS dealing with I/M Whitford.

Source and Documentation

Anonymous Informant: No

Information Source: Staff - McKinnon, Bryceson

Reporting Staff: McKinnon, Bryceson

Title: Correctional Officer Sgt

Signature: *Bryceson McKinnon*

Date: 7-27-2020

Notes

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this Incident will be collected and combined into a single Incident report.



Montana Department of Corrections

Statement of Incident

Title: S.A.U Yard 7/27/2020

Statement #: 45839

Incident Date: 07/27/2020

Incident Time: 03:00 PM

Statement Date: 07/27/2020

Jurisdiction: Montana State Prison

Submission Category: Submitted

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Both offenders issued major write up

Supervisor Name: Sgt C. Francom

Title: Staff Sergeant

Signature: [Signature]

Date: 7/27/2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford yard incident

Statement #: 45833

Incident Date: 07/27/2020

Incident Time: 03:00 PM

Statement Date: 07/27/2020

Jurisdiction: Montana State Prison

Submission Category: Submitted

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/SAU Yard

Summary of Incident

On the above date and approximate time, I C/O Porter was standing yard in SAU. When yard started I/M Whitford, M #3015941 had his shirt off, I asked I/M Whitford to put it back on. On my next lap around the yard cage, I/M Whitford again had his shirt off. I again told I/M Whitford to put his shirt on and that if I had to ask him again that I would be bringing him back in from yard early. Once told he would be going inside, I/M Whitford refused to cuff up. Command Post was notified and they came to the SAU Yard along with IPS to take over the situation. EOR.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Porter, Kaleb

Reporting Staff: Porter, Kaleb

Title: Correctional Officer 1

Signature: *Kaleb Porter*

Date: _____

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Whitford placed PHC-DD in RHU*Supervisor Name: *SSGT C. Francon*Title: *Staff Sergeant*Signature: *[Signature]*Date: *7/27/2020*

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐

RECEIVED BY E
JUL 28 2020
DISCIPLINARY

Inmate Name: Whitford, Makuee yapee ID # 3015441
Last Name First Name
Date: 7-27-2020 Time: 1500 Place of Incident: S.A.U. Yard
Room/Cell: UE-7 Housing Unit: S.A.U. Job Assignment: 9999-Unassigned
Infraction Number(s) & Name(s) 4235-Threatening any other person to include staff.
4213-Refusing to immediately obey a verbal "direct" order/command from any staff member.
Staff Witness: 1. 40 Porter Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approx. time I, Sgt. McKinnon, was called to the S.A.U. Yard by 40 Porter. Upon arriving to the yard I/m (Inmate) Whitford, M. #3015441 was screaming at the top of his lungs about something. I/m Whitford was shirtless at this point, so I walked to his yard cage and asked him to put his shirt on and cuffed up. I/m Whitford immediately said "Hell no". At this point I started to have my staff bring in the rest of the yard. While my staff was bringing yard in, I/m Whitford stated to me several times that I was a punk ass son of a bitch and that if he was on the streets he would beat my ass no questions asked. He also stated that I was lucky that he did not want a life sentence without parole or he would kill a staff member. EOR

REPORTING STAFF MEMBER: Bryceson McKinnon Bryceson, McKinnon
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other

Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: 4235 is a lock up offense.

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

[Signature] 7/27/2020 [Signature] 7/28/20
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 7/30/2020 Time: _____ hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature] 7-27-20 [Signature]
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐

RECEIVED BY
OCT 01 2020
DISCIPLINARY

Inmate Name: Whitford Makueya ID # 3015941
Last name First Name
Date: 4-30-20 Time: 1500 Place of Incident: RHU
Room/Cell: LA-1 Housing Unit: RHU Job Assignment: _____
Infraction Number(s) & Name(s) 4210 - Flooding

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time, I (I.e. Johnson) went onto a block to give out Swampy supplies when I noticed water coming out of ILM Whitford's (e.g. Whitford) had plugged his toilet and pipe. He was also throwing water out of his (e.g. towards the Plumbing course) His water was shut off and the flood was cleaned up. E.O.R.

REPORTING STAFF MEMBER: D. Johnson _____
(Print Name) (Sign Name)

Supervisor Review: Sgt. Pomeroy Sgt. Pomeroy
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Approval for placement in PHC: ☐ Medical: _____ ☐ Mental Health: _____

Reason: Already PHC -

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited, considered alternatives to placement in restrictive housing, and have determined that separation from the general inmate population is necessary due to the above mentioned reason.

[Signature] 9/30/2020 [Signature] 10/1/20
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/5/20 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Sgt. J. Shaker 10-1-20 10:25 [Signature]
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

Montana State Prison
Restrictive Housing and Secure Adjustment Housing Unit
Status Review

Name of Inmate: Whitford, Makueeyapee

AO # 3015941

Date of Status Review: 4/2/2020

Housing Unit: Restrictive Housing

7-Day Review ☐ Date of last Review: Click or tap to enter a date. 30-Day Review ☒ Date of last Review: 3/5/2020Inmate Present for Review: Yes ☐ No ☐ If no provide explanation:Click or tap here to enter text.

Date of placement: 11/23/2017

Reason for placement: Assault on Staff

Current Level Placement: Level 1

Number of days spent at current level: 861

Date of last review: 3/5/2020

Behavioral Log:

Date	Rule Violation	Details
2/11/2020	4111	Assault on Staff
1/30/2020	4228	Failure to comply with policy (grievance restriction)
1/29/2020	4210	Destroy Facility Property
1/21/2020	4111/4235/4108/4218	Assault on Staff/Threatening/Facilitating Severe Offense/Making Intoxicants

ProgrammingAnger/Aggression Assessment Completed: Yes ☒ No ☐ Date 3/9/2020Interactive Journaling Progression: Good ☐ Fair ☐ Poor ☐ Completed ☐Step-Down Programming: Good ☐ Fair ☐ Poor ☐ Start ☒ Completed ☐**Additional Considerations:** (document any relevant behavior regarding additional areas such as mental health or health service compliance ie. referrals, medication compliance/non-compliance)

Medical and Mental Health haven't reported any concerns to the unit staff at this time. From his door sheet he has accepted Medical and Mental Health Check Ins cell side.

Review (provide recommendation for next reporting period and document whether previous referral tasks/goal were met)

He has maintained clear conduct since 2/11/2020. He is currently refusing his meals as part of a hunger strike, but he is taking his showers, and recreation. His behavior and his hygiene have been good. He has participated in Programming, and currently it is put on hold. It is recommended that he remain on Level 1 until the next review.

EXHIBIT D
EXHIBIT D

Recommendation of Reviewer:

- | | |
|---|--|
| <input type="checkbox"/> Progress to Level 2 | <input type="checkbox"/> Progression to General Population |
| <input type="checkbox"/> Progress to Level 3 | <input type="checkbox"/> Level 5 – Mental Health |
| <input type="checkbox"/> Progress to Level 4 | <input checked="" type="checkbox"/> Remain at current level Click or tap here to enter text. |
| <input type="checkbox"/> Regress to previous level (poor behavior, not participating in programming) Click or tap here to enter text. | |

Name or Reviewer: Den M. Lemmon

Title: Case Manager

Date: 4/1/2020

Signature: _____

NOTIFICATION

Whitford, Makueeyapee
NAME

3015941
MSP/DOC#

Within a 72 hour period excluding weekends and holidays, a classification review will be held addressing your present custody level and housing/job assignment. You will be present and have an opportunity to present additional information on your own behalf.

REASON FOR NOTICE:

Special review for level placement.

DATE: 8/12/20

TIME: 1400

RECEIVED

AUG 12 2020

Classification & Placement

DATE: Office
8/14

Inmate Signature

Staff Signatures

RESULTS:

Inv. completed

STAFF SIGNATURES

White – File

Canary – Counselor

Pink - Inmate

EXHIBIT D
EXHIBIT D

Montana State Prison
Restrictive Housing and Secure Adjustment Housing Unit
Status Review

Name of Inmate: Whitford, Makueeyapee

AO # 3015941

Date of Status Review: 3/5/2020

Housing Unit: Restrictive Housing

7-Day Review ☐ Date of last Review: Click or tap to enter a date. 30-Day Review ☒ Date of last Review: 2/4/2020Inmate Present for Review: Yes ☐ No ☐ If no provide explanation:Click or tap here to enter text.

Date of placement: 12/6/2017

Reason for placement: Assaulting another inmate / Threatening Staff / STG

Current Level Placement: Level 1

Number of days spent at current level: 14 days

Date of last review: 2/4/2020

Behavioral Log: While inmate Whitford was on level 3 he showed very poor behaviors resulting in the MDT on 2/4/2020 regressing Whitford back to level 1. Since his last 30-day review inmate Whitford has had two hearings while in RHU. On 2/6/2020 inmate Whitford was found guilty of refusing a direct order to comply with his grievance restrictions. On 2/13/2020 Whitford also was found guilty of assaulting staff with an unknown liquid substance. On 2/27/2020 Whitford and yard with held from him for participation in a coordinated activity that caused a disturbance at yard on 2/26/2020

Date	Rule Violation	Details
2/13/2020	4111	Assaulting staff
2/6/2020	4228, 4213	Failure to obey written policy, Refusing a verbal direct order

RECEIVED

ProgrammingAnger/Aggression Assessment Completed: Yes ☐ No ☒Date **MAR 06 2020**
Classification & Placement
OfficeInteractive Journaling Progression: Good ☐ Fair ☐ Poor ☐ Completed ☐Step-Down Programming: Good ☐ Fair ☐ Poor ☒ Start ☐ Completed ☐

Additional Considerations: (document any relevant behavior regarding additional areas such as mental health or health service compliance ie. referrals, medication compliance/non-compliance)

Inmate Whitford has been seen by mental health and medical staff on a regular basis

Review (provide recommendation for next reporting period and document whether previous referral tasks/goal were met)

Inmate Whitford was sent back to RHU for SAU on 2/20/2020 and placed on level 1. Since being in the unit Whitford has participated in out of cell time utilizing recreation time at yard. However, his yard was restricted on 2/27/2020. His behavior has shown that Whitford is not ready to progress through the levels he is currently at level 1 and scheduled to move to level 2 on 6/16/2020. However, the UMT feel due to his continued behaviors and his unwillingness to maintain clear conduct the UMT recommends that Whitford be restarted on his current level.

Recommendation of Reviewer:

- | | |
|--|---|
| <input type="checkbox"/> Progress to Level 2 | <input type="checkbox"/> Progression to General Population |
| <input type="checkbox"/> Progress to Level 3 | <input checked="" type="checkbox"/> Remain at current level restarting level 1. |
| <input type="checkbox"/> Regress to previous level (poor behavior, not participating in programming) <small>Click or tap here to enter text.</small> | |

Name or Reviewer: ST: Peoples

Title: Security tech

Date: 3/6/2020

Signature: _____

RECEIVED
MAR 06 2020
Classification & Placement
Office

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Whitford Last name M First Name ID # 3015941Date: 2-11-20 Time: 1300 Place of Incident: LHU1Room/Cell: LC3 Housing Unit: LHU1 Job Assignment: 99999Infraction Number(s) & Name(s) 4111 Assault with an unknown substanceStaff Witness: 1. Bellusc Other Inmates involved 1. _____
2. _____ 2. _____Description of Violation: (who, what, why, where, when and how): On the above date and approximate time while cleaning up a flood on Lower C Block Inmate Whitford #3015941 shot an unknown substance through the crack of his door and covered my arm.REPORTING STAFF MEMBER: Walter Hill (Print Name) Walter Hill (Sign Name)Supervisor Review: Sgt. Francom (Print Name) [Signature] (Sign Name)Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: Already PNC

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSJ B.Milk (Shift Supervisor's Signature) 2/11/2020 (Date) D. Godfrey (Warden or Designee Signature) 2/12/20 (Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 2/14/2020 Time: Any hrs. Place: PNC
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] (Staff Signature) 2-11-2020 10:27 (Date & Time) Refuse to sign (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY
FEB 12 2020
DISCIPLINARY

Inmate Name: Whitford ID # 3015941
 Last name First Name
 Date: 02/11/2020 Time: 1300 Place of Incident: C Block R4U
 Room/Cell: LC3 Housing Unit: R4U Job Assignment: 9999
 Infraction Number(s) & Name(s) 4104 4111

Staff Witness: 1. Walter Hill Other Inmates involved 1. Bobbie Leuba
 2. Travis Jones 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time while mopping up a flood caused by inmate Whitford. Inmate Whitford threw an unknown fluid out the crack of his door and covered my (Officer Ballosci) right side.

REPORTING STAFF MEMBER: L.O. Ballosci (Print Name) _____ (Sign Name)

Supervisor Review: Sgt. C. Francina (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
 Reason: Already PHC

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSJ B. Miller (Shift Supervisor's Signature) 2/11/2020 (Date) D. Groff (Warden or Designee Signature) 2/12/20 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 2/14/2020 Time: Any hrs. Place: R4U
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

matthias (Staff Signature) 2-11-2020 2057 (Date & Time) Refuse to Sign (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyape ID # 3015941 Date: 2.13.2020

Infraction Number(s) & Name(s) 4111 - Assault ; 4111 - Assault

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ___ / ___ / ___ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I haven't had access to policy rules & procedures. I also haven't had access to laws.

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4111 / 4111 ☐ Not Guilty of # _____

Evidence Relied On: infraction reports

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 4111 - \$50.00 fine

4111 - \$50.00 fine

Reason(s) for findings: offender assaulted 2 staff members with an unknown liquid.

[Signature] 2/14/2020
ADMINISTRATIVE REVIEW / DATE

[Signature] 2.13.2020
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: [Signature]

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**Disciplinary Appeal**

(major infractions only)

Inmate's Name: Whitford, Makueeyapoe 3015941Date: 2/13/2020Infraction(s): 4111-Assault; 4111-AssaultDisciplinary Hearing Decision: \$50.00 fine, \$50.00 fine**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed.

You guys are violating my civil rights by not allowing me to prepare a defense through the use of Policy 3 Procedures and law library access and because I have a grievance on Crystal Kleuncky because she doesn't hear me out not impartial

3. The sanction(s) is excessive.

[Signature]
Inmate Signature

2/14/2020
Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding?

YES ☒NO ☐

Is there substantial compliance with applicable disciplinary procedures?

YES ☒NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☒NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:

Written justification for the action taken above: *The DHO's decision is correct. While in DHC status access to Law Library is restricted. While on Tablet restriction you can send a Rite to the Library for any request you need.*

[Signature]
Warden or Designee Signature

3/2/2020
Date

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

Inmate Name: William McKinnon ID # 3015941
 Last name First Name
 Date: 1-30-20 Time: 0942 Place of Incident: RH4
 Room/Cell: _____ Housing Unit: _____ Job Assignment: Unassigned
 Infraction Number(s) & Name(s): 4203. Refusing to obey a direct order
4213 Refusing to obey a direct order

Staff Witness: 1. _____ Other Inmates involved 1. Casterline David
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how):

On the above date and time, I saw a conclusion of an investigation. I determined that William McKinnon was disciplined and violated the direct order given by him. My supervisor coordinated looking on 1-30-20 by writing signatures on behalf of other inmates. This also violates MDC 3.3.2. BOD

REPORTING STAFF MEMBER:

(Print Name)

(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

1/30/2020
(Date)

(Warden or Designee Signature)

1/1
(Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 02/06/19 Time: _____ hrs. Place: RH4
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Casterline Royce

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

Cassie Walsted
(Staff Signature)

02-04-2020
(Date & Time)

(Inmate's Signature / ID#)

5AUA00900

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐

Inmate's Name: Whitford Makueyapee ID # 3015941 Date: 02-06-20
 Infraction Number(s) & Name(s): (4228) - Failure to obey policy 3.33 4213 Refusing a direct order
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN _____

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: The 1st amendment states we have the right of freedom of speech. Some people need help from people like me. Rule + Access to Policy Violation on behalf of state.

Evidence Provided: Infraction Report / Evidence (Policy's)

Findings: ☒ Guilty of # 4228 + 4213 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report / Evidence (Policy's)

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refer to UMT

Reason(s) for findings: Offender refused direct order to comply with his grievance restriction.

[Signature] 2/11/2020 Carrie Walster
 ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: [Signature] 3015941 2-6-2020

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____RECEIVED BY
FEB 10 2020
DISCIPLINARY**Disciplinary Appeal**

(major infractions only)

Inmate's Name: Whitford Makueyapee ID # 3015941
 Date: 02/06/20 Infraction(s): 4213-Refusing a direct order (4228) Failure to policy
 Disciplinary Hearing Decision: Refer to URM 3:3.3

Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision. Policy says submit, I never submitted a grievance for anyone. I would as wrote a ~~grievance~~ grievance for someone, policy is unconstitutional on its face and as applied. I can help people.
2. Required disciplinary procedures were not followed. I was not able to prepare a defense because I could not access the policy prior to my hearing in order to research this infraction.
3. The sanction(s) is excessive. I was helping a fellow prisoner. There is no alternative for people who are not ADA. I know the law and how to apply it and word it, something others need help with. It is protected conduct

[Signature]
Inmate Signature

2/6/2020
Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is there substantial compliance with applicable disciplinary procedures?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is the sanction(s) imposed proportionate to the rule violation(s)?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Decision:

☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.

☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.

☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:

☐ reduced sanction or level to:

☐ suspended sanction(s) for:

Written justification for the action taken above: The DHO's decision is correct. you are not allowed to assist other inmates unless you are an ADA aid for a particular inmate

[Signature]
Warden or Designee Signature

2/21/2020
Date

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

OMIS

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY
JAN 30 2020
DISCIPLINARY

Inmate Name: Whitford Last name Makueyapee First Name ID # 3015941
Date: 1-29-20 Time: 2230 Place of Incident: Montana State Prison
Room/Cell: LC2 Housing Unit: RHU Job Assignment: Unassigned
Infraction Number(s) & Name(s) 4210: Destroying State Property

Staff Witness: 1. % Just. Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time
I'm Whitford #3015941 was in his cell in Restricted Housing Unit on
C-Block in Lower 2 House and was standing in his cell in an inch of
water and his mattress and Pillow destroyed. I % Turner
along with % Just asked why his mattress and pillow was destroyed.
He said he did that on second shift because he had been standing in
water all day. % Just and I left the Block and I called Command
Post. EOR.

REPORTING STAFF MEMBER: % Turner (Print Name) [Signature] (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: Already PHC

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

LT. Makueyapee (Shift Supervisor's Signature) 1-29-2020 (Date) _____ (Warden or Designee Signature) _____ (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 02/03/20 Time: _____ hrs. Place: LHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Agreement Restitution

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

Carru Walston (Staff Signature) 01-30-20 (Date & Time) unable to sign (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Makueeyapee ID #: 3015941Date: 01/30/2020 Time: 1230 Housing Unit: RHUInfraction Number(s) and Description: 4210-Destroying state property☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 (5)] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: Restitution Mattress \$118 + Pillow \$21 Total \$139*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*Inmate Signature: Offender did agreement on infraction Date: 01/30/2020☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team: Carri Walsta Date: 01/30/2020Administrative Review Signature: [Signature] Date: 2/3/2020

Copies to: Records (White) Parole Board-Majors (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Revised: Oct 2012

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: shift change RHU
 Incident Date: 01/29/2020 Incident Time: 10:30 PM
 Jurisdiction: Montana State Prison

Statement #: 38165

Statement Date: 01/30/2020

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Restrictive Housing/LOWER/2/RHU C Block Lower 2

Summary of Incident

On the above date and time I CO Samuel Just and CO Levi Turner started a security check in Restricted housing, on lower C block I found IM Makueeyapee, Whitford ac# 3015941 in lower C 2 standing in an inch of water from a earlier flood his mattress was also torn to pieces. Whitford stated that his cell had been in that condition since flooding sometime earlier on second shift. We contacted Command Post moved Whitford to LC3 and wrote him up for destruction of prison property.EOR

Involved Persons

Category	Person	Narrative
Staff	Turner, Levi	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Just, Samuel

Reporting Staff: Just, Samuel

Title: Correctional Officer

Signature: Sam Just

Date: 1-30-2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed & Processed

Supervisor Name: M Mathew

Title: LT

Signature: LT Mathew

Date: 1-29-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY
JAN 22 2020
DISCIPLINARY
ID# 3015941

Inmate Name: _____

Whitford, Makueeyapee

Last name

First Name

Date: 1/21/2020

Time: 0940

Place of Incident: SAU LA-4

Room/Cell: LA-4

Housing Unit: SAU

Job Assignment: Unassigned 99999

Infraction Number(s) & Name(s)

4108: Planning attempting encouraging or conspiring with others to commit any criminal act or 4100 series infraction.
4235: Threatening any other person to include staff.

Staff Witness: 1. _____

2. _____

Other Inmates involved 1. _____

2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time I, SSG Segovia, meet the IPS Officers who were escorting Whitford from the grievance coordinator in cell LA-4. While waiting for the restraint chair inmate Whitford was claiming he was going to get other "lifers" to help him stab staff, take hostages, and rape female staff. While he was in the restraint chair and attempting to buck out I was resecuring the straps when inmate Whitford attempted to head butt me. He was escorted to the safety cell in R4U. EOR.

REPORTING STAFF MEMBER: _____

(Print Name)

D Segovia

(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status:

☒ Pre-Hearing Confinement☐ Release to Previous Status☐ Other

Reason: Threat to security

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG Segovia
(Shift Supervisor's Signature)1/21/2020
(Date)M. J. [Signature]
(Warden or Designee Signature)JAN 22 2020
(Date)

on or before

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/24/2020 Time: 10:00 hrs. Place: R4U
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

Go B. Brink

(Staff Signature)

1/22/2020 0550

(Date & Time)

Unable to sign while in

SAU # 2 (Inmate's Signature / ID#)

[Signature]

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 1/28/20
Infraction Number(s) & Name(s) 4108 Planning Attempting Encouraging 4235 Threatening
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: 1 / 27 / 20 By: Sgt. Hart
Reason: Other hearings officer needed, SMP
Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____
Inmate's Statement: I never said I would rape female staff, I said other stuff like "fuck this", I "hate this shit," At ~~no~~ time did I threaten anyone. I was soft venting. I didn't say anything about stabbing or killing. If anything it's insolence. Only after I was taken to ground did I threaten to stab and fuck their wives.
Evidence Provided: Incident Report

Findings: ☒ Guilty of # 4108, 4235 ☐ Not Guilty of # _____
Evidence Relied On: Incident Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 5 days DET 4108, 4235 Aggravated

Reason(s) for findings: Jeopardizes safety & security

ADMINISTRATIVE REVIEW / DATE

2/3/2020

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Unable to sign - Given appeal

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Pa. 2 of 4

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

JAN 30 2020

DISCIPLINARY

Disciplinary Appeal

(major infractions only)

Inmate's Name: Whitford, M ID # 3015941Date: 1/28/20 Infraction(s): 4108, 4235Disciplinary Hearing Decision: 5 days per 4108; 4235 Aggravated

Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision. (continued from pg 1) Did it even attempt to review the video and I requested it per Piggy v. Hanks (Acourt case) and asked to review it myself. This IPS officer was way out of line, and I will take a lie detector.
2. Required disciplinary procedures were not followed. (continued from pg 1) continue to attempt to contact the law library via OSR and each time I am denied because they tell me it costs 20 something & for copies, even when I do not request copies, even when all.
3. The sanction(s) is excessive. (continued from pg 1) tunity to face this behavior head on and to stop corrupt practices in the MT Department of Corrections. I don't care who it is, nobody deserves to be assaulted. Not for non-compliance of the lips.

[Signature]
Inmate Signature

1/27/2020
Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐
 Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐
 Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐

Decision:

- ☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:
☐ reduced sanction or level to:
☐ suspended sanction(s) for:

Written justification for the action taken above: The DHO's decision is correct. Evidence supports decision.

[Signature]
Warden or Designee Signature

2/5/2020
Date

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

GMS

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY
JAN 22 2020
DISCIPLINARY
ID # 3015941

Inmate Name: Whittford Makueyapee
Last Name First Name
Date: 01.21.2020 Time: 0930 Place of Incident: SAU, MSP
Room/Cell: LE-2 Housing Unit: SAU Job Assignment: _____
Infraction Number(s) & Name(s): 4235- Threatening any other person to include staff, volunteers, visitors, vendor, members of the public, etc. with bodily harm. Verbal or written statements or engaging in physical conduct causing fear in another person
Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time I, IPS 8 Reistad, was in SAU escorting Whittford, M AD# 3015941 to KA-4. Once in KA-4, Whittford was starting making threats. Whittford stated multiple times that he would love to stab us. Whittford stated that he would get enough inmates to take us hostage. Once the restraint chair showed up, we were applying the restraints on the chair to Whittford. During this process, Whittford tried to head butt me.

EOR

REPORTING STAFF MEMBER: D. Reistad FPS8
(Print Name)

(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement

☐ Release to Previous Status

☐ Other

Reason:

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG B.M. IL

(Shift Supervisor's Signature)

1/21/2020

(Date)

M. J. [Signature]

(Warden or Designee Signature)

1/22/20

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/24/2020 Time: Any hrs. Place: SAU
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations:

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]

(Staff Signature)

1/21/2020 2030

(Date & Time)

Refused

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyapce ID # 3015941 Date: 1/28/20

Infraction Number(s) & Name(s) 4235 - Threatening

☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN

Continuance granted to Date: 1 / 27 / 20 By: Hart

Reason: New hearings officer / SMP

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: That was after I was assaulted. I was beat up, kneed on the ground. I was fighting back after being assaulted. I did do some of those things but I WAS BEING MISTREATED. The officers MISCONDUCT STARTED IT.

Evidence Provided: Infraction Report

Findings: ☒ Guilty of # 4235 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 5 days DET

Reason(s) for findings: Jeopardizes Safety & Security

ADMINISTRATIVE REVIEW / DATE 2/3/2020 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM [Signature]

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: unable to sign; given appeal

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Page 3 of 4

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

JAN 30 2020

DISCIPLINARY

Disciplinary Appeal

(major infractions only)

Inmate's Name: Whitford, M ID # 3015941Date: 1/28/20 Infraction(s): 4235 ThreateningDisciplinary Hearing Decision: 5 days per**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision. (continued from page 2) test in order to prove this and I demand one... these co's are covering for this staff conduct which is a felony under Montana code Annotated for mistreatment of prisoners. I want
2. Required disciplinary procedures were not followed. (continued from pg 2) I ask for is legal materials and I am trying to research... Due Process is a right, not a privilege... I requested a lie detect and video evidence... this evidence is exculpatory and
3. The sanction(s) is excessive. (continued from pg 2) The condoning and falsifying of these documents by numerous correctional officers is also a chill on my constitutional rights. Doesn't it seem weird that all of these infractions happened after

[Signature]
Inmate Signature

1/29/2020
Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is there substantial compliance with applicable disciplinary procedures?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is the sanction(s) imposed proportionate to the rule violation(s)?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Decision:

- ☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
- ☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
- ☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:
- ☐ reduced sanction or level to:
- ☐ suspended sanction(s) for:

Written justification for the action taken above: The DHO's decision is correct. Evidence supports decision.

[Signature]
Warden or Designee Signature

2/5/2020
Date

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

DMS



Montana Department of Corrections

Statement of Incident

Title: Witford Use of force

Statement #: 37821

Incident Date: 01/21/2020

Incident Time: 10:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/On the side walk going to RHU

Summary of Incident

On the above date and approximate time I IPS Josephson while transporting inmate Witford to RHU from the infirmary in the restraint chair pushed by IPS Reistad inmate witford began to rock violently from left to right. IPS Reistad then stopped so the straps could be tightened around his waist. While tightening the straps Inmate Witford thrust his hip out to resist the straps being tightened around his hips. IPS then pushed his hips down to tighten the belts during which he attempted to headbutt Staff Sergeant Segovia also my hand came close to his hand he then took that opportunity to pinch my right hand. I was able to pull my hand away once he was secured. Inmate Witford was then transported to RHU where he was placed in the isolation cell to calm down. After given time to calm down IPS transferred inmate Witford from the restraint chair to the isolation cell during which inmate Witford tried to pull his arm away and was unsuccessful. IPS was able to placed him in the isolation cell with a restraint retainer, cut away his clothes and was able to remove the cuffs from him. EOR

Involved Persons

Category	Person	Narrative
Staff	Reistad, Dakotah	
Staff	Segovia, Danel	
Staff	Burnett, Paul	
Staff	Chaney, Donald	
Staff	Neighbor, Nickolas	
Staff	Postma, Joshua	
Staff	Steyh, Michele	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Josephson, David

Reporting Staff: Josephson, David

Title: Correctional Officer

Signature:

Date: 1/21/20

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Witford Use of force

Statement #: 37821

Incident Date: 01/21/2020

Incident Time: 10:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Supervisor Name: Ben Jamieson

Title: Lieutenant

Signature: [Signature]

Date: 1-21-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force

Statement #: 37817

Incident Date: 01/21/2020

Incident Time: 09:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/LOWER/Day Room

Summary of Incident

On the above date and time I IPS 7 Neighbor, and the first shift IPS team was asked to escort inmate Whitford in SAU to the SGT office. When we arrived to perform the escort we were told Whitford was kicking his door and acting aggressively. We then escorted inmate Whitford from his cell to the SGT. office to meet with Mark Lochrie, it was during this time I/m Whitford began yelling at Lochrie. The meeting was end and we began escorting him back to his cell. During the escort he began pulling away from the team. He was placed on the ground to gain compliance. We then started to escorted him to a detention cell when he became more combative towards us. We then escorted him to cell LA4 and place him on his knees. Whitford made multiple threats while in the cell about killing us, and getting the natives to riot. The restraint chair was then brought up to cell LA4. He was then escorted from his knees to the chair. Inmate whitford then attempted to head butt IPS officer Reistad. Whitford was then controlled until he was fully restrained in the chair. During this time inmate Whitford grabbed the inner part of my left thigh. Once in the chair he was escorted to the Infirmary where he was assessed by medical staff and the decision was made for safety and security of the institution that he would be medicated. Inmate Widford was very upset about this decision and attempted to resist against nursing staff who were administering the medication. Once he was cleared by medical, he was escorted to RHU. On the way to RHU inmate Widford attempted to thrust out of the chair. At that time the 1st shift IPS team rechecked the restraints and while attempting to re secure the waist strap inmate widford tried to head butt staff Sergeant segovia. He was then escorted two the safety management cell in RHU. Inmate whitford was placed in the restraint chair in the cell to give the medication time to take effect once inmate Whitford appeared calm the IPS team took him out of the restraint chair. While removing his right hand out of the restraint chair he tried to pull it out of the team's control. The cuff was placed on inmate whitford's right hand a staff forced his right hand to his back he then complied. He was removed out of the restraint chair and placed face down on the mattress in front of the cell inmate whitfords clothing was removed with scissors and the team left the cell without any more incident. Inmate widford was then instructed to come to the slot to be unrestrained which he complied; and the restraints were removed without incident. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	Inmate involved

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Lochrie, Mark

Reporting Staff: Neighbor, Nickolas

Title: Correctional Officer

Signature: Nickolas NeighborDate: 1-21-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this Incident will be collected and combined into a single Incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force Statement #: 37817
Incident Date: 01/21/2020 Incident Time: 09:30 AM Statement Date: 01/21/2020
Jurisdiction: Montana State Prison

Supervisor Review and Remarks: Reviewed

Supervisor Name: _____ Title: _____

Signature: SSA B.M. V. Date: 1-21-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY
JAN 22 2020
DISCIPLINARY

Inmate Name: Whitford M A K U ID # 3015941
Last name First Name
Date: 1/21/2020 Time: 2050 Place of Incident: SAU LE2
Room/Cell: LE2 Housing Unit: SAU Job Assignment: _____
Infraction Number(s) & Name(s) 4218- Making, possessing or using intoxicants.

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): on the above date and time while rolling up Inmate Whitford's #3015941 property I c/o Max Perison found a tubberware container of Pruno underneath Whitford's desk.

REPORTING STAFF MEMBER: Tristan Maglerison Tristan Maglerison
(Print Name) (Sign Name)
Supervisor Review: [Signature] Sgt. [Signature]
(Print Name) (Sign Name)
Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: Already PHC in KHU

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] 1/21/2020 [Signature]
(Staff Supervisor Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/23/2020 Time: 9:00 a.m. Place: KHU
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] 1/22/1100 Unable to sign due to Placement #2
(Staff Signature) (Date & Time) (Inmate Signature/ID #)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueyapee ID # 3015941 Date: 1/25/20

Infraction Number(s) & Name(s) 4218 Making/Possessing Intoxicants

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: 1 / 27 / 20 By: Hart

Reason:

Plea: ☒ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: IT WAS NOT TESTED, IT WAS JUST JUICE.

ON the basis of "MAKING" INTOXICANTS I will plead guilty

Evidence Provided: INFRACTION REPORT

Findings: ☒ Guilty of # 4218 ☐ Not Guilty of # _____

Evidence Relied On: INFRACTION REPORT

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refer to UMT

Reason(s) for findings:

POSSESSION OF PRUVO DEGRADES THE SAFETY/SECURITY OF THE FACILITY.

[Signature] 2/3/2020 [Signature]
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: unable to sign

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

RTHU

INMATE: Whitford, AO#: 3015941 LOCATION: SAT
Makueeyapee

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 1/23 + 1/24 IS/ARE BEING CONTINUED UNTIL 1/28/2020

FOR THE FOLLOWING REASONS: arrange for other
hearings officer

Inmate Signature [Signature] DATED 1-23-2020

Disciplinary 2nd 15 min DATED 1-23-2020

Not: Also, I
was clinged
when they were
trying read my
papers.
was not color

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

INMATE: Whitford, M AO#: _____ LOCATION: RTH

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR 1.27.2020 IS/ARE BEING CONTINUED UNTIL 1.29.2020

FOR THE FOLLOWING REASONS: provide inmate copies
of infraction reports.

Inmate Signature [Signature] DATED _____

Disciplinary E. K. Canecy DATED 1.27.2020

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY
JAN 22 2020

DISCIPLINARY

Inmate Name: Whitford Last name makeyapee First Name ID # 3015941
 Date: 1-21-20 Time: 0930 Place of Incident: SAU A-block Day Room
 Room/Cell: 1E-2 Housing Unit: SAU Job Assignment: 801 LP
 Infraction Number(s) & Name(s) 4111 Assaulting any person

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): on the above date and time I IPS 7 was helping restrain I/m Whitford in the restraint chair when he grabbed my inner left thigh and pinched. EOR

REPORTING STAFF MEMBER: _____

(Print Name)

(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement☐ Release to Previous Status☐ Other

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSA B.M. H
 (Shift Supervisor's Signature)

1/21/2020
 (Date)

Warden
 (Warden or Designee Signature)

Zugart
 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/24/2020 Time: any hrs. Place: SAU
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford MAKEERYApee ID # 301544 Date: 1/28/20

Infraction Number(s) & Name(s) 4111 Assault

☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN

Continuance granted to Date: 1 / 27 / 20 By: Hart

Reason: Off Hearings Officer / SMP

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I don't have access to the legal library and/or use of force policies and other policies I also want the back reports.

I WAS ASSAULTED, I WANT TO VIEW THE CAMERA. I'M ENTITLED under the law. I WANT VIDEO AS EVIDENCE. I WAS ASSAULTED!

Evidence Provided: Infraction Report; Incident Reports

Findings: ☒ Guilty of # 4111 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report; Incident Reports

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 10 days DET

Reason(s) for findings: Jeopardizes Safety & Security of Officers.

[Signature] 2/3/2020 ADMINISTRATIVE REVIEW / DATE [Signature] DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Unable to sign - given appeal

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Page 1 of 4

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

JAN 30 2020

Disciplinary Appeal

(major infractions only)

DISCIPLINARY

Inmate's Name: Whitford, M ID # 3015941Date: 1/28/20 Infraction(s): 4111 AssaultDisciplinary Hearing Decision: 10 day per**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision. There was absolutely none the IPS officer blatantly assaulted me on video camera, then tried to write me up. He cannot assault me, then write me up for defending myself. He was the cause. There was no video. The hearing officer,
2. Required disciplinary procedures were not followed. I was not given a chance to pre-prepare a defense because Lexis Nexis and Doc/MSP Policy and Procedures were not accessible to me on PDC and I am preparing them for court since they always find me guilty. I have and
3. The sanction(s) is excessive. Of course this sanction is excessive, I should not be held liable for staff conduct that is predatory and assaultive. Everyone condones everyone's behavior and then frame inmates. This is an oppro-

[Signature] 1/29/2020
Inmate Signature Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐
 Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐
 Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐

Decision:

- ☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:
☐ reduced sanction or level to:
☐ suspended sanction(s) for:

Written justification for the action taken above: the Hearing Officer decision is correct. Evidence supports the decision

[Signature] 2/5/2020
Warden or Designee Signature Date

Copies to: Records (White)
 Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

OMIS

EXHIBIT D
 EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Witford Use of force

Statement #: 37821

Incident Date: 01/21/2020

Incident Time: 10:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/On the side walk going to RHU

Summary of Incident

On the above date and approximate time I IPS Josephson while transporting inmate Witford to RHU from the infirmary in the restraint chair pushed by IPS Reistad inmate witford began to rock violently from left to right. IPS Reistad then stopped so the straps could be tightened around his waist. While tightening the straps Inmate Witford thrust his hip out to resist the straps being tightened around his hips. IPS then pushed his hips down to tighten the belts during which he attempted to headbutt Staff Sergeant Segovia also my hand came close to his hand he then took that opportunity to pinch my right hand. I was able to pull my hand away once he was secured. Inmate Witford was then transported to RHU where he was placed in the isolation cell to calm down. After given time to calm down IPS transferred inmate Witford from the restraint chair to the isolation cell during which inmate Witford tried to pull his arm away and was unsuccessful. IPS was able to place him in the isolation cell with a restraint retainer, cut away his clothes and was able to remove the cuffs from him. EOR

Involved Persons

Category	Person	Narrative
Staff	Reistad, Dakotah	
Staff	Segovia, Danel	
Staff	Burnett, Paul	
Staff	Chaney, Donald	
Staff	Neighbor, Nickolas	
Staff	Postma, Joshua	
Staff	Steyh, Michele	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Josephson, David

Reporting Staff: Josephson, David

Title: Correctional Officer

Signature:

Date: 1/21/20

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this Incident will be collected and combined into a single Incident report.



Montana Department of Corrections

Statement of Incident

Title: Witford Use of force

Statement #: 37821

Incident Date: 01/21/2020

Incident Time: 10:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Supervisor Name: Ben Garrison

Title: Lieutenant

Signature: [Signature]

Date: 1-21-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force

Statement #: 37817

Incident Date: 01/21/2020

Incident Time: 09:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/LOWER/Day Room

Summary of Incident

On the above date and time I IPS 7 Neighbor, and the first shift IPS team was asked to escort inmate Whitford in SAU to the SGT office. When we arrived to perform the escort we were told Whitford was kicking his door and acting aggressively. We then escorted inmate Whitford from his cell to the SGT. office to meet with Mark Lochrie, it was during this time I/in Whitford began yelling at Lochrie. The meeting was end and we began escorting him back to his cell. During the escort he began pulling away from the team. He was placed on the ground to gain compliance. We then started to escorted him to a detention cell when he became more combative towards us. We then escorted him to cell LA4 and place him on his knees. Whitford made multiple threats while in the cell about killing us, and getting the natives to riot. The restraint chair was then brought up to cell LA4. He was then escorted from his knees to the chair. Inmate whitford then attempted to head butt IPS officer Reistad. Whitford was then controlled until he was fully restrained in the chair. During this time inmate Whitford grabbed the inner part of my left thigh. Once in the chair he was escorted to the Infirmary where he was assessed by medical staff and the decision was made for safety and security of the institution that he would be medicated. Inmate Widford was very upset about this decision and attempted to resist against nursing staff who were administering the medication. Once he was cleared by medical, he was escorted to RHU. On the way to RHU inmate Widford attempted to thrust out of the chair. At that time the 1st shift IPS team rechecked the restraints and while attempting to re secure the waist strap inmate widford tried to head butt staff Sergeant segovia. He was then escorted two the safety management cell in RHU. Inmate whitford was placed in the restraint chair in the cell to give the medication time to take effect once inmate Whitford appeared calm the IPS team took him out of the restraint chair. While removing his right hand out of the restraint chair he tried to pull it out of the team's control. The cuff was placed on inmate whitford's right hand a staff forced his right hand to his back he then complied. He was removed out of the restraint chair and placed face down on the mattress in front of the cell inmate whitfords clothing was removed with scissors and the team left the cell without any more incident. Inmate widford was then instructed to come to the slot to be unrestrained which he complied, and the restraints were removed without incident. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	inmate involved

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Lochrie, Mark

Reporting Staff: Neighbor, Nickolas

Title: Correctional Officer

Signature: Nickolas NeighborDate: 1-21-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this Incident will be collected and combined into a single Incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force

Statement #: 37817

Incident Date: 01/21/2020

Incident Time: 09:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Supervisor Review and Remarks:

Reviewed

Supervisor Name:

Title:

Signature:

SSA B. Miller

Date:

1-21-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐Inmate Name: Whitford, Makueyapee ID # 3015941Last name First Name
Date: 1/21/2020 Time: 0940 Place of Incident: SAU LA-4Room/Cell: LA-4 Housing Unit: SAU Job Assignment: Unassigned 99999Infraction Number(s) & Name(s) 4108: Planning attempting encouraging or conspiring with others to
commit any criminal act or 4100 series infraction.
4235: Threatening any other person to include staff.Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time I,
SSG Segura, meet the IPS Officers who were escorting Whitford from
the guidance coordinator in cell LA-4. While waiting for the restraint
chair Inmate Whitford was claiming he was going to get other "lifers" to help
him stab staff, take hostages, and rape female staff. While he was in the
restraint chair and attempting to buck out I was resecuring the straps when
inmate Whitford attempted to head butt me. He was escorted to the safety
cell in R4U EOR.

REPORTING STAFF MEMBER: _____

(Print Name)

D. Segura

(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement☐ Release to Previous Status☐ OtherReason: Threat to security

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG Segura

(Shift Supervisor's Signature)

1/21/2020

(Date)

(Warden or Designee Signature)1/1
(Date)

on or before			
NOTICE OF HEARING/PREHEARING ACTION			
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.			
1. Hearing Date:	<u>1/24/2020</u>	Time: <u>1000</u> hrs.	Place: <u>R4U</u>
2. I understand the charge(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, verbally explain the charge(s) to the inmate).		
3. I waive my right to a hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, have inmate sign an Agreement/Waiver/Refusal form)		
4. Present evidence and witnesses on my behalf	<input type="checkbox"/> Yes <input type="checkbox"/> No (if inmate has witnesses, have him/her complete a Witness Request form)		
5. Other pertinent notations:			
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.			
(Staff Signature)	(Date & Time)	(Inmate's Signature / ID#)	

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: u.o.f. Whitford Statement #: 37805
 Incident Date: 01/21/2020 Incident Time: 10:00 AM Statement Date: 01/21/2020
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/trauma room- RHU walk- SMC in RHU

Summary of Incident

On the above date and time I, IPS Chaney went and met with first shift IPS team along with I/M Whitford in a restraint chair to be evaluated by medical. In the trauma room I/M Whitford was highly agitated, cussing and threatening towards the IPS team. After medical staff and mental health evaluated and administered shots to I/M Whitford we brought him to R.H.U. By half way up the walk we had to stop because I/M Whitford jerking and bucking in the chair. At one point I/M Whitford attempted to head butt SSG Segovia while restraining the waist area. I placed I/M Whitford in the SMC cell for the shots to take affect. Once we deemed it safe to get I/M Whitford out of the restraint chair. We pulled his right arm out and I/M Whitford went on the fight by pulling and grabbing with the right hand. Once we got control we placed I/M Whitford on to the mattress to start his S.M.P. without further incident.

END OF REPORT

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Burnett, Paul	
Staff	Reistad, Dakotah	
Staff	Neighbor, Nickolas	
Staff	Josephson, David	
Staff	Segovia, Danel	
Staff	Postma, Joshua	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Chaney, Donald

Reporting Staff: Chaney, Donald

Title: Correctional Officer

Signature:

Date: 1-21-2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/Distributed

Supervisor Name: W. Larson

Title: SSG

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: u.o.f. Whitford

Statement #: 37805

Incident Date: 01/21/2020

Incident Time: 10:00 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Signature: [Handwritten Signature]

Date: 1-21-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford immediate use of force

Statement #: 37803

Incident Date: 01/21/2020

Incident Time: 09:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/E/day room area

Summary of Incident

On the above date and time I IPS officer Burnett #13 along with IPS officers Reistad and Neighbor went to the SAU because the grievance specialist Lochrie needed to see I/M Whitford, M. AO#3015941, to give him grievance restrictions. When we arrived we were told by the unit Sargent that I/M Whitford was upset and kicking his door, I then called SSGT Segovia to notify him of the situation and get further instruction. We then went to talk to I/M Whitford and see if he wanted to come see the grievance specialist he said didn't believe us and that if "this was a trick to take me to the hole you better be strong." We told him we were just going to take him to the Sargents office and let him talk to grievance specialist, we were able to deescalate him to comply. We went in to restrain him, we then took him to the sargents office when I/M Whitford was told that he was going to be given a grievance restrictions. I/M Whitford got upset and began to swear at him that he wasn't going to sign the restriction form I told I/M Whitford that he "wasn't going to swear at staff like that" the grievance specialist said he was done. we then took I/M Whitford to his block and was swearing at me that i was a "punk ass bitch and he'll kick my ass" We got back on to his block and he jerked away from me we then had an unplanned use of force taking him to the ground. We then began to escort him and he continued to be combative so we then took him to the floor again and asked him if he was going to walk which he did. we got him to Detention cell L-A-4. At that time IPS officers SSGT Segovia and officer Chaney arrived and said there have the restraint chair coming, I/M Whitford continued to be belligerent and threaten to stab us, and to take us hostage, to riot, and to kill and rape female staff. When the restraint chair arrived we began to put him in the chair and he attempted to head butt Reistad and grabbed Neighbor's leg we got him under control and we then took him to the infirmary to be assessed by medical staff at this time IPS officer Josephson arrived he would not calm down so he was given a injected medication which he did not want. We then escorted him to RHU and placed into SMC #2 for a few minutes to let the medication take effect we later went to take him out of the restraint chair and once the arm restraint was taken off he attempted to get his hand free and tried to headbutt Segovia and grabbed Josephson we got him under control and he was then taken to the floor on his mattress and he was with the restraint retainer applied to his hand cuffs his clothes were removed and we backed out of the cell the door was closed and hand cuffs removed. End of report.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Reistad, Dakotah	
Staff	Neighbor, Nickolas	
Staff	Segovia, Danel	
Staff	Chaney, Donald	
Staff	Josephson, David	
Staff	Lochrie, Mark	
Staff	Postma, Joshua	

Source and Documentation

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford immediate use of force

Statement #: 37803

Incident Date: 01/21/2020 Incident Time: 09:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Anonymous Informant: No

Information Source: Staff - Burnett, Paul

Reporting Staff: Burnett, Paul

Title: Correctional Officer

Signature: [Signature] #13

Date: 01/21/2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/Distributed

Supervisor Name: W. Larson

Title: SSG

Signature: [Signature]

Date: 1-21-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force on Whittford

Statement #: 37811

Incident Date: 01/21/2020

Incident Time: 09:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/E/LOWER/2

Summary of Incident

On the above date and time I, IPS 8 Reistad, was in SAU to take inmate Whittford from LE-2. We took Whittford out of his cell off of E-Block to the Sergeant's office. The grievance coordinator was talking to Whittford, and Whittford was getting extremely aggravated. He keep saying " Fuck this. Im not signing this fucking paper." Whittford was asked by IPS P Burnett to to watch his language. Whittford replied " Fuck that.", and was getting more and more agitated. IPS P Burnett and I escorted Whittford out of the Sergeant's office. While Whittford was being escorted back to his block he kept saying " Fuck that punk mother fucker." Once on to E-block before the stair well, Whittford tried to pull away. Whittford was escorted to the the ground. Whittford was resisting while I tried to apply a spit hood. More officers came onto the block to assist us help escort Whittford. As we were heading toward the sally port, Whittford began to resist. Whittford was escorted to the ground. After regaining control over Whittford, we escorted him to A-Block. Whittford was taken to LA-4. While in LA-4, Whittford stated that he gets hard at the thought of stabbing us. Whittford also stated that once he was out on the yard that he would get five Native's to one of us and beat us pussies down. Whittford stated many times that he was going to take us hostage and he just needed to get enough people to do it. Whittford continued to make threats until the restraint chair arrived. We took inmate Whittford out of LA-4 to put him in the restraint chair. As we were applying the chair restraints, Whittford tried to head butt me. After he was restrained to the chair, Whittford was escorted to the Infirmary. On the way to the Infirmary, Whittford was continually make threats that he was going to kill us. Once in the Infirmary, Whittford was yelling " Fuck these punk mother fuckers." He was assessed by medical and was starting to be escorted to RHU. On the walk to RHU, Whittford tried thrusting out of the chair. Some of the restraints started to become loose, so we adjusted them. At that time, Whittford tried to head butt IPS Segovia. Once in RHU, Whittford was placed in SMC-2 in the restraint chair. After waiting for Whittford to calm down, we went back to SMC-2 to get him out of the restraints. Once some of the chair restraints were removed, Whittford started to resist. Once we regained control of Whittford, we continued to remove the chair restraints and applied handcuffs. After that we placed Whittford into the SMC cell. His clothes were removed by scissors. After that Whittford's leg restraints were removed and we exited the cell. As the handcuffs were being removed, Whittford resisted. The least amount of force was used to get the handcuffs off of Whittford. EOR

Involved Persons

Category	Person	Narrative
Staff	Burnett, Paul	
Staff	Neighbor, Nickolas	
Staff	Josephson, David	
Staff	Chaney, Donald	
Staff	Segovia, Danel	
Staff	Lochrie, Mark	
Offender	Whittford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Reistad, Dakotah

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force on Whittford

Statement #: 37811

Incident Date: 01/21/2020

Incident Time: 09:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Reporting Staff: Reistad, Dakotah

Title: Correctional Officer

Signature: [Signature]IP58 Date: 01.21.2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/DistributedSupervisor Name: W LarsonTitle: SSGSignature: [Signature]Date: 1-21-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force Whitford

Statement #: 37809

Incident Date: 01/21/2020

Incident Time: 09:40 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison.

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/A/LOWER/4/LA-4 to infirmary trauma room.
Infirmary Trauma room to Safety cell in RHU

Summary of Incident

On the above date and time I, SSG Segovia, received a call from IPS Officer Burnett stating that inmate Whitford was kicking his door and very aggressive. I told Officer Burnett to try and calm inmate Whitford down and explain to him that he won't go to see the grievance coordinator or to court with that type of behavior. I then left the armory to go to Secure Adjustment Unit. Once at the unit Staff had told me that inmate Whitford was good and that IPS had done 2 immediate uses of force. I then received a call from the command post stating that inmate Whitford is going into the restraint chair. I then meet IPS Officers Burnett, Reistad, and Neighbor in cell LA-4 and explained to them that inmate Whitford is going into the restraint chair. While waiting for the restraint chair inmate Whitford started getting very agitated and yelling that all staff is a bunch of bitches, he is going to stab all of us in the face, that he actually gets hard thinking about taking us hostage, and is going to rape female staff members. I told inmate Whitford that he doesn't want to do that and I wouldn't let that happen. He started to get even more agitated and threatening while stating he was going to get other "lifers" to help him. That it would be 5 natives against 1 staff member and he was going to kill them. At that time the restraint chair was brought to the unit and he was escorted to his feet to the restraint chair. While being placed in the restraint chair inmate Whitford attempted to head butt officer Reistad. Inmate Whitford was controlled until he was fully restrained in the chair. Once in the chair he was escorted to the infirmary where he was assessed by medical. Medical Staff made the decision for inmate Whitford safety and the security of the institution that he be medicated. Inmate Whitford was very upset about this decision and attempted to resist against nursing staff who was administering the medication. Once he was cleared by medical he was escorted to RHU. On the way to RHU inmate Whitford attempted to thrust out of the chair. At that time the team re-checked the restraints and while attempting to re-secure the waist strap inmate Whitford tried to head butt me. He was then escorted to the safety management cell in RHU. Inmate Whitford was placed in the restraint chair in the cell to give the medication time to take affect. Once inmate Whitford appeared calm the IPS team took him out of the restraint chair. While removing his right hand out of the restraint chair he tried to pull it out of the teams control. The cuff was placed on inmate Whitford's right hand and staff forced his right hand to his back. He then complied with orders to not resist us and place his left hand behind his back. Once his hand were secure the restraint retainer was applied and he was removed out of the restraint chair and placed face down on the mattress in front of the cell. Inmate Whitford's clothing was removed with scissors and the team left the cell without any more incidents. Inmate Whitford was then instructed to come to the slot to be unrestrained which he complied and the restraints were removed without any incident. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Lochrie, Mark

Reporting Staff: Segovia, Danel

Title: Correctional Officer Sgt

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this incident will be collected and combined into a single Incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force Whittford

Statement #: 37809

Incident Date: 01/21/2020

Incident Time: 09:40 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Signature: [Signature]Date: 1/21/2020

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/DistributedSupervisor Name: W. LarsonTitle: SSGSignature: SSG [Signature]Date: 1-22-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY
JAN 22 2020
DISCIPLINARY
EInmate Name: Whitford, MID # 3015941Date: 1-21-20

Last name

First Name

Room/Cell: _____

Housing Unit: _____

Job Assignment: _____

Infraction Number(s) & Name(s) 4111 assaulting Staff.

Staff Witness: 1. _____

Other Inmates involved 1. _____

2. _____

2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time IPS Josephson while transporting inmate Whitford to RHU he began to shake violently in the restraint chair. IPS stopped pushing the chair to resecure the restraints while securing the restraints Whitford pinched my right hand EOR

REPORTING STAFF MEMBER: David Josephson

(Print Name)

(Sign Name)

Inmate Status: _____

☐ Pre-Hearing Confinement☐ Release to Previous Status☒ Other

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my rights.

- Hearing Date: 1/24/2020 Time: Any hrs. Place: RHU
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have the inmate sign a waiver form - attachment H)
- Be present at the hearing and present evidence and witnesses on my behalf. If inmate has witnesses have him/her complete a witness request form (attachment G.)
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

Copies to: ☒

1. Records

2. Parole Board (Major)

3. Housing Unit

4. Inmate

Revised October, 2009

MSP 3.4.1, Institutional Discipline

Attachment B

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford Mayucepee ID # 3015941 Date: 1/28/18

Infraction Number(s) & Name(s) 4111 Assault

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN

Continuance granted to Date: 1 / 28 / 20 By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I was assaulted. I was thrown to the ground. I would like a lie detector test, its in the policy I was assaulted, it was self defense.

Evidence Provided: Infraction Report, Incident Report

Findings: ☒ Guilty of # 4111 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report, Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 10 days per 8 day credit

Reason(s) for findings: Deproves Safety & Security

ADMINISTRATIVE REVIEW / DATE 2/3/2020 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM [Signature]

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Unable to sign - given appeal

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Page 4 of 4

RECEIVED BY

JAN 30 2020

DISCIPLINARY

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**Disciplinary Appeal**

(major infractions only)

Inmate's Name: Whitford, M ID # 3015941Date: 1/28/20 Infraction(s): Yell AssaultDisciplinary Hearing Decision: Guilty 10 days per 8 days ss**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHL.

1. There was no evidence or documentation to support the decision. (continued from pg 3) the attorney general notified of my allegations. I was punched, knied, and about attacked. I did not posture. As Godfrey is aware of these allegations. None of these infractions, show why I was taken down. They craft
2. Required disciplinary procedures were not followed. (continued from pg 3) can exonerate me from all charges, when CO's cause this behavior and assault me the way they did, it can be expected that people will react the way I did. Especially in prison.
3. The sanction(s) is excessive. (continued from pg 3) the fact? why? I'll tell you why, I did not do anything to have force used against me, they could not use anything other than what happened after the fact to infract me. It needs to stop.

[Signature]
Inmate Signature

1/28/2020
Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is there substantial compliance with applicable disciplinary procedures?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is the sanction(s) imposed proportionate to the rule violation(s)?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Decision:

- ☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
- ☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
- ☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:
- ☐ reduced sanction or level to:
- ☐ suspended sanction(s) for:

Written justification for the action taken above: The DHO's decision is correct. Evidence supports decision.

[Signature]
Warden or Designee Signature

2/5/2020
Date

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

[Red Stamp]



Montana Department of Corrections

Statement of Incident

Title: Witford Use of force

Statement #: 37821

Incident Date: 01/21/2020

Incident Time: 10:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/On the side walk going to RHU

Summary of Incident

On the above date and approximate time I IPS Josephson while transporting inmate Witford to RHU from the infirmary in the restraint chair pushed by IPS Reistad inmate witford began to rock violently from left to right. IPS Riestad then stopped so the straps could be tightened around his waist. While tightening the straps Inmate Witford thrust his hip out to resist the straps being tightened around his hips. IPS then pushed his hips down to tighten the belts during which he attempted to headbutt Staff Sergeant Segovia also my hand came close to his hand he then took that opportunity to pinch my right hand. i was able to pull my hand away once he was secured. Inmate Witford was then transported to RHU where he was placed in the isolation cell to calm down. After given time to calm down IPS transferred inmate Witford from the restraint chair to the isolation cell during which inmate Witford tried to pull his arm away and was unsuccessful. IPS was able to placed him in the isolation cell with a restraint retainer, cut away his clothes and was able to remove the cuffs from him. EOR

Involved Persons

Category	Person	Narrative
Staff	Reistad, Dakotah	
Staff	Segovia, Danel	
Staff	Burnett, Paul	
Staff	Chaney, Donald	
Staff	Neighbor, Nickolas	
Staff	Postma, Joshua	
Staff	Steyh, Michele	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Josephson, David

Reporting Staff: Josephson, David

Title: Correctional Officer

Signature:

Date: 1/21/20

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Witford Use of force

Statement #: 37821

Incident Date: 01/21/2020

Incident Time: 10:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Supervisor Name: Ben Jamieson

Title: Lieutenant

Signature: [Signature]

Date: 1-21-2020

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force

Statement #: 37817

Incident Date: 01/21/2020

Incident Time: 09:30 AM

Statement Date: 01/21/2020

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/High Side/Secure Adjustment Unit/LOWER/Day Room

Summary of Incident

On the above date and time I IPS 7 Neighbor, and the first shift IPS team was asked to escort inmate Whitford in SAU to the SGT office. When we arrived to perform the escort we were told Whitford was kicking his door and acting aggressively. We then escorted inmate Whitford from his cell to the SGT. office to meet with Mark lochrie, it was during this time I/m Whitford began yelling at Lochrie. The meeting was end and we began escorting him back to his cell. During the escort he began pulling away from the team. He was placed on the ground to gain compliance. We then started to escorted him to a detention cell when he became more combative towards us. We then escorted him to cell LA4 and place him on his knees. Whitford made multiple threats while in the cell about killing us, and getting the natives to riot. The restraint chair was then brought up to cell LA4. He was then escorted from his knees to the chair. Inmate whitford then attempted to head butt IPS officer Reistad. Whitford was then controlled until he was fully restrained in the chair. During this time inmate Whitford grabbed the inner part of my left thigh. Once in the chair he was escorted to the Infirmary where he was assessed by medical staff and the decision was made for safety and security of the institution that he would be medicated. Inmate Widford was very upset about this decision and attempted to resist against nursing staff who were administering the medication. Once he was cleared by medical, he was escorted to RHU. On the way to RHU inmate Widford attempted to thrust out of the chair. At that time the 1st shift IPS team rechecked the restraints and while attempting to re secure the waist strap inmate widford tried to head butt staff Sergeant segovia. He was then escorted two the safety management cell in RHU. Inmate whitford was placed in the restraint chair in the cell to give the medication time to take effect once inmate Whitford appeared calm the IPS team took him out of the restraint chair. While removing his right hand out of the restraint chair he tried to pull it out of the team's control. The cuff was placed on inmate whitford's right hand a staff forced his right hand to his back he then complied. He was removed out of the restraint chair and placed face down on the mattress in front of the cell inmate whitfords clothing was removed with scissors and the team left the cell without any more incident. Inmate widford was then instructed to come to the slot to be unrestrained which he complied, and the restraints were removed without incident. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	inmate involved

Source and Documentation

Anonymous Informant: No

Information Source: Staff - Lochrie, Mark

Reporting Staff: Neighbor, Nickolas

Title: Correctional Officer

Signature: Nickolas NeighborDate: 1-21-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Use of Force Statement #: 37817
Incident Date: 01/21/2020 Incident Time: 09:30 AM Statement Date: 01/21/2020
Jurisdiction: Montana State Prison

Supervisor Review and Remarks:

Reviewed

Supervisor Name: Title:

Signature: *SSA B.M.H.* Date: *1-21-2020*

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

Inmate Name: Whitford Mahveeyapee ID # 3015941
Last name First Name

Date: 01/08/2020 Time: 1625 Place of Incident: Secure Adjustment Unit DAYroom
Room/Cell: 1E-7 Housing Unit: SAU Job Assignment: 801 Labor pool

Infraction Number(s) & Name(s) 4213: refusing to immediately obey a verbal direct order from staff
4208: Insolence; words and other behaviors that harass an employee

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time, I, L Ray was working SAU Satellite when I'm Whitford, M #3015941 was on the top tier of E block. I told him at 1610 the top tier is not a part of his dayroom. At 1625 I told him to go lockdown since he was back on the top tier. I'm Whitford refused to lockdown and started stream, "Fuck you bitch you don't know your fucking policy you fucking cunt." I notified my sergeant, but the unit staff was bringing in yard at this time. At 1700, I told I'm Whitford to lockdown since it was the end of his dayroom. I'm Whitford then stated "I want you to know, around here we go by unwritten policy not written policy. we do what we want." when I told him to lockdown again he started punching the glass screaming for the sergeant.

REPORTING STAFF MEMBER: L Ray L Ray
(Print Name) (Sign Name)

Supervisor Review: Sgt. Pomeroy Sgt. Pomeroy
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

L. L. Swander 1/8/2020 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION			
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.			
1. Hearing Date: <u>1/14/2020</u>	Time: <u>any</u>	Place: <u>SAU</u>	<u>Grievance</u> <u>any class present</u> <u>Online Block</u> <u>1 Pomeroy</u> <u>Phone Record</u>
2. I understand the charge(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, verbally explain the charge(s) to the inmate).			
3. I waive my right to a hearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, have inmate sign an Agreement/Waiver/Refusal form)			
4. Present evidence and witnesses on my behalf <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if inmate has witnesses, have him/her complete a Witness Request form)			
5. Other pertinent notations: _____			
<p>I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.</p> <p><u>G. L. Swander</u> <u>1-9/1020</u> <u>X N-7 DWT</u> (Print Name) (Date & Time) (Inmate's Signature / ID#)</p>			

Asked for speaker recording - was told there is no recording

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

EXHIBIT D
EXHIBIT D

SAU/MAX/99999 Unassig 1

Sall - 0945

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY HEARING DECISION**MAJOR ☒MINOR ☐Inmate's Name: Whitford Makueeyapee ID # 3015941 Date: 01-16-2020Infraction Number(s) & Name(s) 4213-Refusing direct order 4208-Insolence☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ___ / ___ / ___ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____Inmate's Statement: See attachedEvidence Provided: Infraction Report + StatementsFindings: ☒ Guilty of # 4208 + 4213 ☐ Not Guilty of # _____Evidence Relied On: Infraction Report + StatementsFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): \$21 Fine

Reason(s) for findings:

Offender disobeyed a direct order to not be on the upper tier and then was insolent towards the staff member.

ADMINISTRATIVE REVIEW / DATE

1/28/2020

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: [Signature]

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**Disciplinary Appeal**

(major infractions only)

Inmate's Name: Whitford Makueyapee ID # 3015941Date: 01/16/20 Infraction(s): 4213-Refusing a direct order 4208-InsolenceDisciplinary Hearing Decision: \$21 Fine**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision. There was no evidence other than a infraction report, that I was made aware of, an that infraction report falsified. Which means there was absolutely no other evidence. A follow up interview was never done.

2. Required disciplinary procedures were not followed. Pre-Hearing Procedure (III)(A)(1.) was violated as this staff member violated my free speech and retaliated against me imposing a direct order through inappropriate means and actually violating criminal statutes in an abuse of power.

3. The sanction(s) is excessive. I should not have been found guilty at all (please see the 20 Page report and argument with legal citations attached). This was totally ignored and my due process was denied. I invoke the language in that document. (Witness statements attached also).

[Signature]
Inmate Signature

1/19/2020
Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:

Written justification for the action taken above: #8 you state "some retaliatory remarks from me due to her abuse of power". She was the case officer and told you to lockdown which you did not do.

[Signature]
Warden or Designee Signature

2/14/2020
Date

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

OMIS

LOCKED HOUSING STATUS REVIEW PLAN

Name: Whitford, Makuacayapee MSP/DOC# 3015941 Date: 12/11/2019

Housing Unit: LHU2 ST: Harper UM: Bouley

Separation Needs: ☒ Atypical designation(s) STG Affiliated, Assaultive, ViolentActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: [Click here to enter a date.](#)Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☒ Yes ☐ No

Monthly review from MH/Therapist: Jenny Morgan 11/6/2019

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 3

Recommended Completion Level: Choose an item.

Reason for initial placement:

- ☐ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☒ Other UMTD
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☐ Spit Hood ☐ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☐ Escort Procedures/Special Security Procedures

RECEIVED
JAN 04 2020
Classification & Placement
Office

Summary of current status and recommendations: Inmate Whitford was approved for Locked Housing Placement by the ARC on 12/6/2019. He is considered A-typical Violent, Assaultive with STG affiliation and has inactive and active separation needs. Inmate Whitford is currently on the waiting list for CD-ITU #771, T4C-CBT #530, AM #174. On 11/18/2019 Inmate Whitford started Level 3 and will start Level 4 on 2/18/2020. Inmate Whitford's general population review is scheduled for 8/18/2020, pending clear conduct. Inmate Whitford last Disciplinary Infraction was on 6/26/2019.

I Whitford, Makuacayapee refuse to participate in my locked housing status review plan.

I Jenny Morgan have participated in my locked housing status review plan and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: Harper

White-Main

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 11/13/2019

Housing Unit: LHU1 ST: Peoples UM: Amie Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 1/10/2019Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☒ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 2

Recommended Completion Level: Level 4

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☐ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: There are no changes to his Locked Housing plan for this review. He did not met with Mental Health in the last 30 days. I/M Whitford is scheduled for Level 3 on 11/26/2019, Level 4 on 2/26/2020 and General Population on 8/26/2020 if he continues to maintain clear conduct.

I Whitford, Makueeyapee refuse to participate in my locked housing status review.

I Whitford, Makueeyapee have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: ST: peoples

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 9/18/2019

Housing Unit: LHU1 Sgt: Brett Coughlin UM: Amie Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 1/10/2019Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☒ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 2

Recommended Completion Level: Level 4

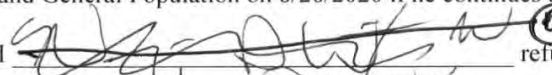
Reason for initial placement:

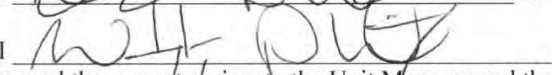
- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence


Special Housing Needs:

- ☐ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: There are no changes to his Locked Housing plan for this review. He met with Mental Health in the last 30 days. I/M Whitford is scheduled for Level 3 on 11/26/2019, Level 4 on 2/26/2020 and General Population on 8/26/2020 if he continues to maintain clear conduct.

I  refuse to participate in my locked housing status review.

I  have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: 

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 8/28/2019

Housing Unit: LHU1 Sgt: Brett Coughlin UM: Amie Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 1/10/2019Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☒ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 2

Recommended Completion Level: Level 4

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☒ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☒ ADA
☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: There are no changes to his Locked Housing plan for this review. He met with Mental Health in the last 30 days. He is currently Level 2 since 8/26/2019, Level 3 on 11/26/2019, Level 4 on 2/26/2020 and General Population on 8/26/2020 if he continues to maintain clear conduct.

I _____ refuse to participate in my locked housing status review.

I *only out* have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: *Santhi Sanyal, CH*

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

VE-6

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 7/29/2019

Housing Unit: LHU1 ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 1/10/2019Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☒ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 5

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

RECEIVED

AUG 08 2019

Special Housing Needs:

- ☒ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☒ Escort Procedures/Special Security Procedures

Classification & Placement
Office

Summary of current status and recommendations: This review inmate Whitford was restarted on level 1 for being found guilty of misusing the phone system. Whitford was restarted on 6/26/2019, he is now scheduled for level 3 on 8/26/2019 as long as he maintains clear conduct throughout the level system.

I _____ refuse to participate in my locked housing status review.

I *Myself* have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: _____

De M. Lemon, CH

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☐ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☐MINOR ☐RECEIVED BY **E**

JUN 26 2019

DISCIPLINARY

ID # 3015941

Inmate Name: _____

Whitford Makueeyapee

Last name

First Name

Date: 26 June 2019 Time: 0320 Place of Incident: LHU-1 Upper E-6Room/Cell: UE6 Housing Unit: LHU-1 Job Assignment: 99999 UnassignedInfraction Number(s) & Name(s) 40334318 Unauthorized Communication4213 Refusing an order.

Staff Witness: 1. _____

Other Inmates involved 1. _____

2. _____

2. _____

Description of Violation: (who, what, why, where, when and how):

ON 26 June at 0300 hours after reviewing phone logs, I found that inmate Whitford who is on Level 1 restrictions made 4 phone calls between 1619 hours through 1750 hours, 2 30 min calls, a 18 and a 14 min call. See attached confidential report regarding unauthorized communication

REPORTING STAFF MEMBER: _____

(Print Name)

(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status:

☐ Pre-Hearing Confinement☒ Release to Previous Status☐ OtherReason: Not an immediate threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 7/1/19 Time: _____ hrs. Place: LHU12. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).3. I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Be present at the hearing and present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form

5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Caru Walster

(Staff Signature)

6-26-19

(Date & Time)

W. D. H.

(Inmate's Signature / ID#)

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 7-1-19

Infraction Number(s) & Name(s) 4233-Unauth. Comm; 4213-Ref. an Order

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I believe it's cruel & unusual punishment.

My daughter wanted me to call her. The officers are supposed to track it for us.

Evidence Provided: infraction report, confidential report

Findings: ☒ Guilty of # 4233 ☒ Not Guilty of # 4213

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 0 + Grid Level to Use 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 30 day phone restriction

Reason(s) for findings:

Offender misused the phone.
He's only allowed 2 phone calls + he made 4.
At conclusion - offender began yelling "the phone is a fucking right" - removed from hearing

D. Gochney 7-2-19
ADMINISTRATIVE REVIEW / DATE

D. Klanecky 7-1-19
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#:

Removed from hearing

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Montana Department of Corrections CenturyLink Inmate Communication System

Page 1 of 1

**CenturyLink INMATE COMMUNICATION SYSTEM**
Powered By THE ENFORCER®Montana Department of
Corrections
User: tmalcomb (v 9.0.30-f)
Copyright 2005-2019**Call Records**

☐ Show All

Showing 1 to 7 of 7 entries

+	Action	Start Time	CSN	Inmate ID	Last Name	Phone Number	Call Type	Tariff Band	Station	Talk Secs	Billed Time	Validation
<input type="checkbox"/>		06/24/2019 16:16:03	8072700	3015941	WHITFORD		Not Set	None	LOCK HU 1 E	0	0:00	Not Done
<input type="checkbox"/>		06/24/2019 16:19:22	8072724	3015941	WHITFORD	1-202-590-7222	Debit	InterLata InterState	LOCK HU 1 E	1793	30:00	OK: call allowed
<input type="checkbox"/>		06/24/2019 16:52:49	8073352	3015941	WHITFORD	1-385-244-9740	Prepaid	InterLata InterState	LOCK HU 1 E	1763	30:00	OK: call allowed
<input type="checkbox"/>		06/24/2019 17:22:15	8073738	3015941	WHITFORD		Not Set	None	LOCK HU 1 E	0	0:00	Not Done
<input type="checkbox"/>		06/24/2019 17:26:46	8073764	3015941	WHITFORD	1-540-492-1507	Debit	InterLata InterState	LOCK HU 1 E	0	0:00	OK: call allowed
<input type="checkbox"/>		06/24/2019 17:31:11	8073788	3015941	WHITFORD	1-208-202-8391	Debit	InterLata InterState	LOCK HU 1 E	1028	18:00	OK: call allowed
<input type="checkbox"/>		06/24/2019 17:50:17	8073836	3015941	WHITFORD	1-208-202-8391	Debit	InterLata InterState	LOCK HU 1 E	828	14:00	OK: call allowed

Showing 1 to 7 of 7 entries

Show 100 entries

UE-6 P

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 5/28/2019

Housing Unit: LHU1 ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 1/10/2019Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☒ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 5

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☒ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: This review no changes were made to inmate Whitford's LHU-plan. Whitford has continued to maintain clear conduct since being restarted on level 1 for refusing to stop kicking his door, flooding refusing an order, damage of state property on, assault on staff, flooding, insolence, kicking door, refusing an order. Whitford restarted level 1 on 5/23/2019 and is scheduled to move to level 2 on 7/23/2019 at this time. Also, this review Whitford's security cautions were reviewed and it was decided that they will remain in place at this time.

I _____ refuse to participate in my locked housing status review.

I participated but could not sign have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: ST: peoples

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 5/28/2019

Housing Unit: LHU1 ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 1/10/2019Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☒ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 5

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

RECEIVED

Special Housing Needs:

- ☒ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☒ Escort Procedures/Special Security Procedures

JUN 05 2019

Classification & Placement
Office

Summary of current status and recommendations: This review inmate Whitford was restarted on level 1. Due to being found guilty of refusing to stop kicking his door, flooding refusing an order, damage of state property on 5/5/2019, assault on staff, flooding 5/6/2019, insolence, kicking door, refusing an order 5/9/2019. Whitford will restart level 1 on 5/23/2019 and be scheduled to move to level 2 on 7/23/2019 at this time. Also, this review Whitford's security cautions were reviewed and it was decided that they will remain in place at this time.

I Refused to sign ST: Peoples refuse to participate in my locked housing status review.

I _____ have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: ST: Peoples

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐RECEIVED BY *C*

MAY 10 2019

DISCIPLINARY

Inmate Name: Whitford Makueenpsee ID # 3015941
Last Name First Name
Date: 5-9-19 Time: 0735 Place of Incident: 2741
Room/Cell: 8771 Housing Unit: 2741 Job Assignment: 99999 Unassigned
Infraction Number(s) & Name(s) 4208 Insults
4212 Willfully tampering with locking device
4213 Refusing to immediately obey verbal order

Staff Witness: 1. _____ Other Inmates involved 1. Cox, 7330574
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how):

classmate Whitford was yelling, "Fuck you over PC bitch!" to
classmate Cox, classmate Whitford was also kicking his
door. classmate Whitford was told to stop kicking & yelling.
classmate Whitford did not stop yelling & kicking.

REPORTING STAFF MEMBER:

Nicholas Mae
(Print Name)Nicholas Mae
(Sign Name)

Supervisor Review:

Brett Coughlin
(Print Name)Brett Coughlin
(Sign Name)Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ OtherReason: Currently in SMC Cell

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG [Signature]
(Shift Supervisor's Signature)5/9/19
(Date)

(Warden or Designee Signature)

1/1
(Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 05/15/19 Time: _____ hrs. Place: 2741 ?
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

Carrie Walster
(Staff Signature)05-10-19
(Date & Time)Unable to sign
(Inmate's Signature / ID#)

LHUI/MAX/77777 "assigned"

HUI @ 1005

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford Makueyapee ID # 3015941 Date: 5/15/19Infraction Number(s) & Name(s) 4208-Insolence 4212-Tampering w/locking device☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☒ Other: _____Inmate's Statement: Not making A plea, I want access to legal library to prepare my defense, I'm not making A statement I've gotten no responses from law library.Evidence Provided: Incident ReportFindings: ☒ Guilty of # 4208, 4212, 4213 ☐ Not Guilty of # _____Evidence Relied On: Incident ReportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: ____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): 4208, 4212, 4213 Aggravated \$100 fine; Refer to Unit

Reason(s) for findings:

the unitJeopardizes safety & security ofThomas Wilson 5.16.19
ADMINISTRATIVE REVIEW / DATEPat Carroll
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ Contract Facility: _____Disciplinary Appeal

(Major infractions only)

Inmate's Name: Whitford, Makueyapee ID# 3015941Date: 5/15/19 Infraction(s): 4208; 4212; 4213

Disciplinary Hearing Decision: _____

Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed.

Requested and denied opportunity to prepare defense - No Access to Law Library or Policies, Rules, and Procedures. Denied Continuance.

3. The sanction(s) is excessive.

[Signature]
Inmate Signature5/27/2019
Date

WARDEN OR DESIGNEES RESPONSE

Warden or designee:

Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐

Decision:

☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modified.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ Reduced sanction or level to:☐ Suspended sanction(s) for:Written justification for the action taken above: this is an internal internal matter. Access to Law Library is not necessary.[Signature]
Warden or Designee Signature5/31/19
Date

Copies to: 1. Records (white)

2. Parole Board (yellow)

3. Housing Unit (pink)

4. Inmate (goldenrod)

OMIS

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒

MINOR ☐

RECEIVED BY **E**

MAY 08 2019

DISCIPLINARY

Inmate Name: Whitford Makueeyapee ID # 3015941

Date: 5-6-2019 Time: Approx 1100 Place of Incident: LHU-1 LA Shower

Room/Cell: LA-7 Housing Unit: LHU-1 Job Assignment: 99999 Unassigned

Infraction Number(s) & Name(s) 4111 Assaulting any other person, to include
causing body fluids to come in contact
with another.

Staff Witness: 1. % Coulombe Other Inmates involved 1. None
2. Wm. Garland 2. /

Description of Violation: (who, what, why, where, when and how): While being held in the
blocks lower tier shower, I'm Whitford plugged the
drain while turning the water on. When the
He allowed and caused the water to flood the
cheyenne % Coulombe was in front of the LA7 and LA8
cells trying to guide the water to a drain, when
I walked out of the LA-8 cell and directly in front
of the shower stall. I'm Whitford took this opportunity
to kick water urine contaminated water (w/ the side of the foot
on both % Coulombe and myself. I was completely
soaked on my left side and back, to the skin; % Coulombe
was also significantly wet, as we took two large volumes
of urine water before we could move out of range. EOR.

REPORTING STAFF MEMBER: Sgt. Larry Pash Sgt. Larry Pash
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other

Reason: currently on BMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG Hansen 5/7/19 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/13/19 Time: any Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (If no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (If yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Staff & Warden

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements and my right to an appeal.

G. Klanecky 5/8/19 unable to sign
(Staff Signature) (Date & Time) (Inmate's Signature & ID#)

57 Peoples

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

MAY 07 2019

DISCIPLINARY

Inmate Name: Whitford Last name Makovec First Name ID # 3015941
 Date: 5/6/19 Time: 1246 Place of Incident: LA Dayroom
 Room/Cell: _____ Housing Unit: _____ Job Assignment: Unassigned 99999 #
 Infraction Number(s) & Name(s) 4111 Assaulting Staff

Staff Witness: 1. C/O Pacha
 2. C/O Coulomb

Other Inmates involved 1. N/A
 2. N/A

Description of Violation: (who, what, why, where, when and how): On the above date and time, I go Halcott was in A-block dayroom by the lower shower where inmate Whitford, Makovec #3015941 was standing and flooding. He kicked water and hit me in the chest and both legs with the water.

EOR

REPORTING STAFF MEMBER: S. Halcott

(Print Name)

Supervisor Review:

Sgt. Amy Pacha
 (Print Name)

Sgt. Amy Pacha
 (Sign Name)

Sgt. Amy Pacha
 (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement☒ Release to Previous Status☐ OtherReason: Currently on a BMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Sgt. Pacha
 (Shift Supervisor's Signature)

5/6/19
 (Date)

 (Warden or Designee Signature)

 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/13/19 Time: any Place: LHUI
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Staff Reports

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

C. Kleckley
 (Staff Signature)

5/8/1015
 (Date & Time)

unable to sign
 (Inmate's Signature / ID#)

ST: peoples

combined w/ other infraction

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makuee Yapee ID # 3015941 Date: 5.13.19

Infraction Number(s) & Name(s) 4111 - ASSAULT

☐ I DO UNDERSTAND THE VIOLATION

☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty

☐ Not Guilty

☒ Other: Did not attend hrg.

Inmate's Statement: _____

Evidence Provided: infraction report, incident reports

Findings: ☒ Guilty of # 4111

☐ Not Guilty of # _____

Evidence Relied On: infraction report, incident reports

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$50.00 fine

Refer to Investigations

Reason(s) for findings:

offender threw an unknown liquid substance on staff.

Thomas Wilson 5.13.19
ADMINISTRATIVE REVIEW / DATE

A. Klanecky 5.13.19
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Did not attend hearing

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Whitford, M. BMP Level 1_Restart

Statement #: 26545

Incident Date: 05/06/2019

Incident Time: 10:35 AM

Statement Date: 05/06/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/7

Summary of Incident

Whitford took advantage of staff and the opportunity they gave him when they turned on his cell water so that he could get a drink, wash his hands and/or flush his toilet. After filling a cup with water, he flushed the toilet 2x quickly and it immediately began to flood. It is apparent that Whitford had previously plugged the toilet in preparation for this moment. His behavior is unacceptable, and I am re-starting his BMP at a level one (1) as of the time of the incident (1035 hrs.). End of Report

Involved Persons

Category	Person	Narrative
Staff	Halcott, Stephen	
Staff	Coulombe, Zachary	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Halcott, Stephen

Reporting Staff: Pasha, Larry

Title: Correctional Officer Sgt

Signature: Sgt. Larry PashaDate: 5-6-2019

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed / DistributedSupervisor Name: W. LarsonTitle: SSGSignature: SSG [Signature]Date: 5-6-19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford, M._BMP Level 1_Restart

Statement #: 26545

Incident Date: 05/06/2019

Incident Time: 10:35 AM

Statement Date: 05/06/2019

Jurisdiction: Montana State Prison

_____ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford, M. 3015941 Assaults Staff 5.06.19

Statement #: 26573

Incident Date: 05/06/2019

Incident Time: 12:45 PM

Statement Date: 05/06/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LOWER/7/Lower tier shower stall.

Summary of Incident

Inmate Whitford had been removed from his cell, LA-7, and placed in the lower tier shower stall in-order for maintenance to enter the cell and remove the blockage he had placed in the toilet. Immediately after being placed in the shower, handcuffs still applied to wrists behind the back, Whitford began running the water. He was instructed by the floor staff and myself to quit running the water but the requests were met with verbal hostilities and zero compliance. He kept his back to the staff while he let the water run, and could easily have been urinating into the water while he allowed it to run over him, effectively masking his action. After a minute or so I realized the water level in the bottom of the shower was rising and that Whitford was standing on the drain with his rubber shower shoes, blocking the water from draining. As water began running out of the shower stall and onto the block day-room floor, I dispatched Correctional Officers Coulombe and Halcott to use the squeegee's to direct the water to a drain. As this act put both officers within 8 to 12 feet from the shower stall occupied by Whitford it made them a target, and he took advantage of the fact and began kicking water out of the stall with the side of one of his feet, as he hollered "get the fuck back you motherfuckers", fully intent on showering both officers with the water. Both officers were thoroughly whetted by Whitford's actions and forced me to pull the officers back out of his range. End of Report

Involved Persons

Category	Person	Narrative
Staff	Coulombe, Zachary	
Staff	Halcott, Stephen	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Pasha, Larry

Reporting Staff: Pasha, Larry

Title: Correctional Officer Sgt

Signature: Sgt. Larry Pasha

Date: 6 May '19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Reviewed/Distributed

Supervisor Name: W. Larson

Title: SSG

Signature: SSG W. Larson

Date: 5-6-19

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

MAY 07 2019

DISCIPLINARY

Inmate Name: Whitford Last name Makucyapae First Name ID # 3015941
Date: 5/6/19 Time: 1035 Place of Incident: LHUI Cell #2A7
Room/Cell: LA7 Housing Unit: LHUI Job Assignment: unassigned 99999 #
Infraction Number(s) & Name(s) 4210: Destroying, Altering, or damaging facility property or the property of another person, including flooding

Staff Witness: 1. C/O Coulombe Other Inmates involved 1. N/A
2. N/A 2. N/A

Description of Violation: (who, what, why, where, when and how): On the above date and time I C/O Halcott went onto A-block to allow inmate Whitford, Makucyapae #3015941 the opportunity to flush his toilet, wash his hands, and get a drink of water. He stood in front of his toilet and flushed twice, then moved and I saw that he had packed the toilet with toilet paper and other items to cause the water to overflow and I had C/O Coulombe turn off the water. Inmate Whitford then threw the rest of the cup of water he was given to add to the water on the floor and went back to lying on his bed.

EOR

REPORTING STAFF MEMBER: S. Halcott (Print Name) S. Halcott (Sign Name)
Supervisor Review: Sgt. Harry Pascha (Print Name) Sgt. Harry Pascha (Sign Name)
Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: currently on detention status - restarted on Level 1 BMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

S. Halcott (Shift Supervisor's Signature) 5/6/19 (Date) _____ (Warden or Designee Signature) _____ (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/13/19 Time: any Place: LHUI
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Staff Statements

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and my right to an appeal.

S. Halcott (Staff Signature) 5/8/1012 (Date & Time) unable to sign (Inmate's Signature / ID#)

ST. PEOPLES

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 5-13-19

Infraction Number(s) & Name(s) 4210 - flooding

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty

☐ Not Guilty

☒ Other: Did not attend

Inmate's Statement: _____

Evidence Provided: infraction report, incident report

Findings: ☒ Guilty of # 4210 ☐ Not Guilty of # _____

Evidence Relied On: infraction report, incident report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation] - Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$10.00 Restitution for clean-up

Reason(s) for findings:

offender flooded his cell.

Thomas Olson 5-13-19
ADMINISTRATIVE REVIEW / DATE

E. Klarecky 5-13-18
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Did not attend hrg.

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Whitford Flooding LA-7 Statement #: 26547
 Incident Date: 05/06/2019 Incident Time: 10:35 AM Statement Date: 05/06/2019
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/7

Summary of Incident

On the above date and approximate time, I C/O went to lower A 7 with C/O Halcott to turn on inmate Whitford, Makueeyapee's AO 3015941 water to allow him to flush his toilet. Inmate Whitford is on a water restriction for previous flooding incidents. C/O Halcott opened the food slot and gave inmate Whitford a cup of water, while I C/O Coulombe turned on the valve for the toilet and told inmate Whitford to go ahead and flush his toilet. Inmate Whitford flushed his toilet once and then immediately flushed it again. C/O Halcott informed me that he was flooding and I C/O Coulombe shut off the valve for the toilet. I C/O Coulombe observed water on the floor outside of inmate Whitford's cell as well as water on the floor inside of the cell. I C/O Coulombe and C/O Halcott exited the block and informed the unit sergeant of the incident.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	Flooding in cell.
Staff	Halcott, Stephen	Watched inmate Whitford flood.
Staff	Coulombe, Zachary	Turned off inmate Whitford's water.

Source and Documentation

Confidential Informant: No

Information Source: Staff - Coulombe, Zachary

Reporting Staff: Coulombe, Zachary

Title: Correctional Officer

Signature: *[Signature]*

Date: 05-06-2019

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed / Distributed*

Supervisor Name: *W Larson*

Title: *SSG*

Signature: *SSG [Signature]*

Date: *5-6-19*

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford Flooding LA-7

Statement #: 26547

Incident Date: 05/06/2019

Incident Time: 10:35 AM

Statement Date: 05/06/2019

Jurisdiction: Montana State Prison

____ Deputy Warden

____ Inmate Records File

____ MCE

____ Associate Warden

____ Inmate Unit File

____ Safety Committee

____ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒

MINOR ☐

RECEIVED BY
MAY 06 2019

DISCIPLINARY

Inmate Name: WHITFORD MARK ULLYAPPE ID # 3015841
Last name First Name
Date: 5-5-19 Time: 1515 Place of Incident: LA2 LHU1
Room/Cell: LA2 Housing Unit: LHU1 Job Assignment: 9999 UNASSIGNED
Infraction Number(s) & Name(s) 4210 Flooding

Staff Witness: 1. LT Jamison Other Inmates involved 1. N/A
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): JUST AFTER WHITFORD HAD BEEN RETURNED TO HIS CELL LA2 BY IPS, I LEARNED WHITFORD WAS TO BE PLACED ON BMP STEP 1. THE INITIAL ATTEMPT TO GAIN COMPLIANCE FROM WHITFORD WAS UNSUCCESSFUL. ABOUT 1530 LT JAMISON CAME TO THE UNIT. AS WE APPROACHED A BLOCK I OBSERVED WATER COMING FROM LA2. WHEN WE ARRIVED TO THE LA2 DOOR WHITFORD REMOVED HIS DAM AND WATER GUSHED OUT. AFTER SOME DISCUSSION BETWEEN LT JAMISON AND WHITFORD, WHITFORD AGREED TO MOVE TO LA7 & WAS GIVEN THE APPROPRIATE BMP CLOTHING & BEDDING. END OF REPORT

REPORTING STAFF MEMBER: SGT HOTCHKISS [Signature]
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
Reason: Inmate Placed Step 1 BMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] 5/5/19 [Signature] 5/6/19
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/8/19 Time: Any hrs. Place: LHU1
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Refused to acknowledge OS

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] 5-5-19 2019 Refused to sign on BMP
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 5.13.19

Infraction Number(s) & Name(s) 4210 - flooding

☐ I DO UNDERSTAND THE VIOLATION

☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty

☐ Not Guilty

☒ Other: Refused to be served

Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4210

☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$10.00 Restitution for clean-up

Reason(s) for findings:

Offender flooded his cell.

Thomas Wilson 5.13.19
ADMINISTRATIVE REVIEW / DATE

G. Klanecky 5.13.19
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Did not attend, Refused to be served

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)



Montana Department of Corrections

COMMAND POST/

BAT
Initial-Approved

Statement of Incident

Title: A-Block showers
Statement #: 26529
Incident Date: 05/05/2019 Incident Time: 03:00 PM Statement Date: 05/05/2019
Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? No

Location:

Summary of Incident

On the above date and approximate time. I Officer Arneson got on to shift when first shift told us that Inmate whitford # 3015941 was covering his window and broke his tray from lunch. I went on to the block and asked whitford if he would uncover his window and he said no, He said he would like to talk to a SGT, I said I will go get SGT. Hotchkiss. After that we started showers on the other side, when we got done doing showers, Whitford flooded in his cell in lower A-2. Whitford flooded the block to the point where we couldn't shower A-Block, and to where it took us out of our natural duties. EOR

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Staff - Arneson, Jerod

Reporting Staff: Arneson, Jerod

Title: Correctional Officer

Signature: *Jerod Arneson*

Date: 5-5-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Supervisor Name: *SGT Hotchkiss*

Title: *SGT*

Signature: *Sgt Hotchkiss*

Date: 5-5-19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY E

MAY 06 2019

DISCIPLINARY

Inmate Name: WHITFORD MAKUELYAPPE ID # 3015941
 Last name First Name
 Date: 5-5-19 Time: 1400 Place of Incident: LH41 L92
 Room/Cell: L92 Housing Unit: LH41 Job Assignment: 99999 UNASSIGNED
 Infraction Number(s) & Name(s) 4213 REFUSAL TO immediately obey a direct order/command
4210 DESTROYING Facility Property

Staff Witness: 1. N/A Other Inmates involved 1. N/A
 2. N/A 2. N/A

Description of Violation: (who, what, why, where, when and how): During 1st to 2nd shift pass down I was informed inmate WHITFORD kept and broke his lunch tray and covered his door window. About 1415 I went to WHITFORD cell and let him to uncover the window until he determined I was not going to provide him with his demands of legal paper work and to talk to a captain or lieutenant. I gave direction to WHITFORD for him to place all the broken tray pieces in the food slot and I would notify the lieutenant of his wish to speak with him. WHITFORD refused to comply and then covered his door window again. Command Post was notified and an IPS team did an extraction removing the broken tray pieces the largest is approx 3x5". IPS also removed 11 strips of sheet that are tied together. WHITFORD was placed back into his cell. END OF REPORT

REPORTING STAFF MEMBER: SGT HOTENARIS Sgt Hotenaris
 (Print Name) (Sign Name)

Supervisor Review: _____
 (Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other

Reason: Inmate Placed Step 1 BMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Lt J. B. [Signature] 5/5/19 [Signature] 5/6/19
 (Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/8/19 Time: Any hrs. Place: LH41
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Refused to acknowledge US

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] 5-5-19-2017 Refused to sign on BMP
 (Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐

Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 5.13.19
 Infraction Number(s) & Name(s) 4213-Ref. an Order; 4210-Dest. Property
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
 Continuance granted to Date: ____ / ____ / ____ By: ____
 Reason: ____
 Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to be served
 Inmate's Statement: _____

Evidence Provided: infraction report, incident report, BMP, photo

Findings: ☒ Guilty of # 4213/4321 dest. prop. under \$25.00 ☒ Not Guilty of # 4210
 Evidence Relied On: infraction report, incident report, BMP, photo

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions.)

Sanction(s): Refer to unit
Restitution for tray = \$13.60 ; sheet : \$5.15

Reason(s) for findings: offender refused to uncover his window & destroyed a tray & a sheet.

Thomas Wilson 5.13.19

ADMINISTRATIVE REVIEW / DATE

P. Klanecky 5.13.19

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Did not attend - Refused to be Served

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment C

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

COMMAND POST/ *KAT*
Initial-Approved

Statement of Incident

Title: Whitford BMP Statement #: 26525
Incident Date: 05/05/2019 Incident Time: 04:00 PM Statement Date: 05/05/2019
Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/2/LHU1 LA2 to LHU1 LA7

Summary of Incident

On the above date at 1330 Lt. Jamieson received a call from the LHU1 Sergeant stating that Whitford, M #3015941 had broken his food tray and covered his window. IPS was called to LHU1 and were able to get inmate Whitford to cuff up and removed the broken tray from LA2. Inmate Whitford was then returned to LA2 and then flooded that cell. I went to LHU1 and talked inmate Whitford into cuffing up again and placed him BMP Step 1 in LA7. After moving inmate Whitford he told me that he swallowed parts of the broken tray. Infirmary and Sgt. Hotchkiss were notified that Whitford claimed he had swallowed parts of his tray.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Jamieson, Ben

Reporting Staff: Jamieson, Ben

Title: Correctional Officer SupMgr

Signature: *[Signature]*

Date: 5-5-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed + Distributed*

Supervisor Name: *SSG B.M. Miller*

Title: *SSF*

Signature: *SSG B.M. Miller*

Date: *5-5-19*

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

MSP Incident Report for BMP Activation

1. Inmate: Whitford, Makueeyapee 3015941 Max
Name AO/ID number Classification
2. Location: LHU-I ☒ cellblock: A-Block LHU-II ☐ cellblock: _____
3. Is this inmate on the current BMP clearance list? YES ☒ NO ☐
 Start date: 1/10/19 End Date: 7/10/19
If not on BMP clearance list initiate a section G.
4. Date and time of incident: 5-5-19 1600
5. Nature of incident:
☐ Inmate-on-inmate assault ☐ Inmate-on-staff assault ☒ Flooding cell
☒ Destruction of state property ☐ Inmate threatened Self harm
- Description of incident: Inmate had covered his cell window, wouldn't respond to unit staff and broke/held his food tray hostage. IPS had to report to the unit to remove the inmate from his cell. Inmate became cooperative when IPS asked inmate to cuff up. IPS then removed inmate Whitford's tray and returned him to LA2. Inmate Whitford then Flooded LA2 and was place LA7 on Step 1 BMP.
6. Use of Force required? ☐ YES ☒ NO
 If use of force was required was it ☐ Emergent or ☐ Calculated?
 (for details refer to Use of Force Incident Reports)
7. Name of the Command Post staff member who was contacted regarding plan activation:
Lt. Ben Jamieson Time this person was contacted 1330
8. Placement: ☐ Remain in current cell ☒ Pre-hearing Confinement pending further review
☐ Isolation cell
9. Did the Shift Commander notify the on-call mental health (MH Ray) professional and A Warden (Godfrey) or On Duty Officer? ☒ YES NO ☐
Lt. Ben Jamieson/ 5/5/19
Staff Member Date

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

DISCIPLINARY

Inmate Name: Whitford Last name Makueeyapee First Name ID # 3015941
Date: 5/5/19 Time: 1230 Place of Incident: LHU-1 Lower A Block
Room/Cell: LA2 Housing Unit: LHU-1 Job Assignment: _____
Infraction Number(s) & Name(s) 4212-Tampering with a locking device
4220-Hindering or impeding staff

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time I % Moderie was in the LHU-1 main cage when I % Whitford, M asked me to ask Sgt. Coughlin about his legal property. I informed him that his property was not brought to the unit. At this time he started slamming his food tray and punching/kicking the door to his cell. I informed him that if he didn't stop his actions he would receive a writeup. He told me "shut the fuck up, I don't care I want my fucking shit." He then continued to slam his food tray into the window on his door in an attempt to break the glass.
E.O.R.

REPORTING STAFF MEMBER: Moderie (Print Name) / [Signature] (Sign Name)
Supervisor Review: Brett Coughlin (Print Name) / [Signature] (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: Already on detention in LHU1

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] (Shift Supervisor's Signature) 5/5/19 (Date) _____ (Warden or Designee Signature) _____ (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/8/19 Time: am Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Block, Coughlin

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] (Staff Signature) 5/6/200 (Date & Time) unable to sign due to (Inmate's Signature / ID#) BMP

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makuee Yapee ID # 3015941 Date: 5.13.19

Infraction Number(s) & Name(s) 4212-tampering; 4220-obstructing

☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ___ / ___ / ___ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: _____

Did not attend hearing

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4212/4220 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5⁺ Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refer to unit

Reason(s) for findings:

offender kicked his cell door & attempted to break the cell door glass, which hindered staff from their regular duties.

Thomas Wilson 5.13.19
ADMINISTRATIVE REVIEW / DATE

P. Klanecky 5.13.19
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL Did not attend

Inmate's Signature / ID#: _____

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

LOCKED HOUSING Plan REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 4/29/2019

Housing Unit: LHU1 ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 1/10/2019Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☒ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 5

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☒ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: This review inmate Whitford was restarted on level 1. Due to being found guilty of refusing to stop kicking his door on 4/22/2019, destroyed state documents on 4/26/2019, assault on staff with a liquid, destroying state property, refusing a direct order on 4/29/2019. Whitford will restart level 1 on 5/8/2019 and be scheduled to move to level 2 on 7/8/2019 at this time. Also, this review Whitford's security cautions were reviewed and it was decided that they will remain in place at this time.

I could not sign due to being on a BMP ^{ST: Peoples} refuse to participate in my locked housing status review.

I _____ have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: ST: Peoples

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

1 of 2

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

RECEIVED BY

APR 30 2019

DISCIPLINARY

Inmate Name: Whitford, Makueeyapee ID # 3015941
 Last name Whitford First Name Makueeyapee
 Date: 4-29-2019 Time: 1000 Place of Incident: LHU-1 Visiting Room (West)
 Room/Cell: LA-2 Housing Unit: LHU-1 Job Assignment: 99999 Unassigned
 Infraction Number(s) & Name(s) 4210 Destroying/damaging facility property.
4212 Willfully damaging a locking device, window
or other security safety device.
4213 Refusing to immediately obey a verbal
direct order.

Staff Witness: 1. C/O R. Williams Other Inmates involved 1. none
 2. C/O B. McLeod 2. _____
 3. DHO C. Klanecky

Description of Violation: (who, what, why, where, when and how): Immediately following a disciplinary hearing and receiving several "notice of hearings" from DHO Klanecky, Inmate Whitford attempted to make a phone call or more on the video phone hanging on the wall of the visiting room. C/O McLeod notified me of his actions, so I instructed Whitford to put the phone down and to put his spit hood on his head. He ignored me so I told him I was giving him a direct order, to get off the phone and put his spit hood on. Looking over his shoulder at me, he stated "fuck your direct order" and continued to try and make a phone call. C/O Williams was able to request the phone shut off by the command post; this prompted Whitford to come to the door. I requested he put the spit hood on his head, he dropped it

REPORTING STAFF MEMBER: Sgt. Larry Pasha Sgt. Larry Pasha Continued
 (Print Name) (Sign Name)

Supervisor Review: _____
 (Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: Already Detention.

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

C/O Lab
 (Shift Supervisor's Signature)

4/29/19
 (Date)

[Signature]
 (Warden or Designee Signature)

4/30/19
 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/1/19 Time: Any hrs. Place: Any
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: want staff and other reports & attachments

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

C/O B. Braker
 (Staff Signature)

4/29/19 1710
 (Date & Time)

[Signature]
 (Inmate's Signature / ID#)

2 of 2

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Whitford, Makueeyapee ID # 3015941Date: 4-29-2019 Time: Approx 1:50 Place of Incident: LHU-1 Visiting Rm (West)Room/Cell: 1A-2 Housing Unit: LHU-1 Job Assignment: 99999 UnassignedInfraction Number(s) & Name(s): A210 Destroying/damaging facility property.A212 Willfully damaging a locking device, windowor other security safety device.A213 Refusing to immediately obey a verbaldirect order.Staff Witness: 1. 90 R. Williams Other Inmates involved 1. None2. 90 B. McLeod 3. DHO C. KlineckyDescription of Violation: (who, what, why, where, when and how): behind him and quietlysaid "no". He was then instructed to turn away fromthe door, kneel on the floor and staff would come inand put his head on and take him to his cell, he said "no".When asked if he was refusing a direct order he said he was.I left the door and stepped into the Sergeant's office torequest IRS Assistance. While speaking to the CP, Whitfordslipped out of his belly chain and proceeded to destroy the windowin the visiting room door, and one of the two windows between theEAST and West Visiting Rooms. Command Post staff andthe IRS team were required to end Whitford's stand-offas with Unit staff and destructive behavior. EOR.REPORTING STAFF MEMBER: Sgt. Larry Pasha Sgt. Larry Pasha

(Print Name)

(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: _____ Time: _____ hrs. Place: _____

2. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).3. I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Present evidence and witnesses on my behalf: ☒ Yes ☐ No. If inmate has witnesses, have him/her complete a Witness Request form5. Other pertinent notations: wants staff and other reports attached

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

40 B. Brubaker
(Staff Signature)4/29/19 1710
(Date & Time)[Signature]
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

05-13-19

Inmate's Name: Whitford Makueyalee ID # 3015941 Date: 05-03-19

Infraction Number(s) & Name(s) 4213 Refusing a direct order 4212-Damaging locking device

☐ I DO UNDERSTAND THE VIOLATION ☒ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN devic

Continuance granted to Date: ___ / ___ / ___ By: 4210-Destroying/damaging facility property

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: Offender did not attend Hearing

Evidence Provided: Infraction Report

Findings: ☒ Guilty of # 4213/4212/4210 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Restitution for visiting room TBD = \$1,405.55
amls

Reason(s) for findings:

Offender refused to get off the telephone, slipped out of his belly chains and used the chains to destroy windows/glass in the locked visiting room

Thomas Wilson 5.13.19 Carrie Walster

ADMINISTRATIVE REVIEW / DATE

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Offender did not attend Hearing

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Correctional Officer Statement #: 26239
 Incident Date: 04/29/2019 Incident Time: 09:55 AM Statement Date: 04/29/2019
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LHU 1 West visiting room

Summary of Incident

On the above date and time I CO Williams and SGT. Pasha gave inmate Whitford, M #3015941 a direct order to leave the video phone alone in the LHU 1 visiting room, while attending a disciplinary hearing. Inmate Whitford refused to release the phone and put on his spit hood to be escorted back to his cell. When inmate Whitford realized that the phone would not work, due to a phone call to the Command Post to have the phone shut down, he came to the visiting room door where he was given a second direct order to comply and put the spit hood on. Inmate Whitford then began to yell obscenities at SGT. Pasha and slip his belly chains off his waist and down off his legs. Inmate Whitford then proceeded to swing the chains at the visiting door window breaking the inner glass pane and shattering it, before he was taken out by the IPS Team he swung the chains at the inner windows breaking them too. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Pasha, Larry	
Staff	Mcleod, Brian	
Staff	Klanecky, Christine	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Williams, Ronnie

Reporting Staff: Williams, Ronnie

Title: Correctional Officer

Signature: *Ronnie B. Williams*

Date: 4-29-2019

Notes: *Sgt. Pasha*
 No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Forwarded to DOC Investigations*

Supervisor Name: *C. Lamb* Title: *Captain*
 Signature: *[Signature]* Date: *4/29/19*

Routing List (Place an X next to those this report will be distributed to):

☐ Helena Office ☐ Security Major ☐ Medical

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Correctional Officer

Statement #: 26239

Incident Date: 04/29/2019

Incident Time: 09:55 AM

Statement Date: 04/29/2019

Jurisdiction: Montana State Prison

_____ MSP Duty Officer

_____ Unit Manager

_____ Maintenance

_____ Warden or Designee

_____ Command Post

_____ Investigator's Office

_____ Deputy Warden

_____ Inmate Records File

_____ MCE

_____ Associate Warden

_____ Inmate Unit File

_____ Safety Committee

_____ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford Breaking visiting room glass Statement #: 26241
 Incident Date: 04/29/2019 Incident Time: 10:00 AM Statement Date: 04/29/2019
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/2/West Visiting room
 Locked Housing Unit 1

Summary of Incident

On the above date and time I C/O McLeod was going to have inmate Whitford sign 5 notice of hearing forms for the DHO Christine Klanecky. When I got to the visiting room door to have him sign the forms he was attempting to call out on the video phone. I let Sgt Pasha know immediately and he gave the inmate a direct order to get off the phone and put his spit hood back on. Inmate Whitford said fuck your direct order. C/O Williams called command post and had them turn off the phone and had IPS sent up to LHU 1. Inmate Whitford then became very agitated and worked his way out of the belly chains and proceeded to beat the chains against the visiting room glass door shattering it. He was unable to break thru the lucite glass. He also broke the glass between the two sides of the visiting room. IPS then arrived at LHU1 along with Cpt Lamb and LT Postma they were able to calm Inmate Whitford down and get him to cuff up with belly chains again and go back to his cell peacefully.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Pasha, Larry	
Staff	Williams, Ronnie	

Source and Documentation

Confidential Informant: No

Information Source: Staff - McLeod, Brian

Reporting Staff: McLeod, Brian

Title: Correctional Officer

Signature: *B. D. McLeod*

Date: 4/29/19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Supervisor Name:

Title:

Signature:

Date:

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford Breaking visiting room glass **Statement #:** 26241
Incident Date: 04/29/2019 **Incident Time:** 10:00 AM **Statement Date:** 04/29/2019
Jurisdiction: Montana State Prison

<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeyapee 3015941

Statement #: 26243

Incident Date: 04/29/2019

Incident Time: 10:30 AM

Statement Date: 04/29/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/LHU1 visiting room

Summary of Incident

On the above date and approximate time I, Captain Lamb, responded to a call for assistance to Locked housing unit 1. When I arrived at Locked housing unit 1 Inmate Whitford was locked in the visiting room with his belly chains hanging from his hands and with broken glass all over the floor. Inmate Whitford was removed from the visiting room by IPS and taken to the Lower A block showers by IPS. Whitford was strip searched in the shower and then returned to lower A2 without incident. Whitford's clothes and belly chain and pad lock were logged as evidence and placed in locker Number 1. DOC investigator Crow was called and responded to Locked housing unit 1.

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Staff - Lamb, Christopher

Reporting Staff: Lamb, Christopher

Title: Correctional Officer SupMgr

Signature: *[Signature]*

Date: 4/29/19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Supervisor Name: *[Signature]*

Title: 4/29/19 Capt

Signature: *[Signature]*

Date: 4/29/19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford visiting room Statement #: 26237
 Incident Date: 04/29/2019 Incident Time: 10:15 AM Statement Date: 04/29/2019
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/2/LHU-1 Visiting room to LA-2

Summary of Incident

On the above date and approximate time I, SSG Segovia, was called by Captain Lamb and told inmate Whitford is in the visiting room in LHU-1 breaking out the windows. I left and responded to LHU-1 where I met the rest of the First shift IPS team. When I approached the visiting door inmate Whitford was sitting on the stool with his belly chains dangling in front of him and his spit hood off. I asked inmate Whitford if he would put his spit hood back on for us and let us come in to get him properly restrained. Inmate Whitford said he would, put his spit hood back on, and then I gave inmate Whitford a direct order to kneel down and cross his feet which he complied. The door was opened and the first shift IPS team properly restrained inmate Whitford. It was noted that inmate Whitford had cuts on his knuckles and left knee. Infirmary staff cleared inmate Whitford and pictures were taken of the areas. Inmate Whitford was then escorted to the shower where an unclothed body search was done and nothing was found. Inmate Whitford was then escorted back to his cell and restraints removed. EOR

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Staff - Lamb, Christopher

Reporting Staff: Segovia, Danel

Title: Correctional Officer Sgt

Signature:

Date: 4/29/19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/Distributed

Supervisor Name: W. Larson

Title: SSG

Signature:

Date: 4-29-19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

INMATE: Whitford Makueyapee AO#: 3015941 LOCATION: LH01

4-29-19-4210/4212/4213 4-23-19-4213/4235 4-29-19-4207/4229
(4210)

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR 05/01/19 IS/ARE BEING CONTINUED UNTIL 05/03/19

FOR THE FOLLOWING REASONS: Visiting room is not fixed
yet/glass needs replaced

Inmate Signature X [Signature] DATED _____

Disciplinary Carrie Walsted DATED 5/1/19

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

INMATE: Whitford, Makueeyap A#: 3015941 LOCATION: LHU1

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 05-03-19 IS/ARE BEING CONTINUED UNTIL 05-08-19

FOR THE FOLLOWING REASONS: Wants time to formulate
a defense

Inmate Signature unable to sign DATED _____

Disciplinary Carrie Walsted DATED 5-03-19

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 5.8.19 IS/ARE BEING CONTINUED UNTIL 5.13.19

FOR THE FOLLOWING REASONS: offender on a BNP

Inmate Signature Verbally Advised
unable to sign DATED 5.8.19

Disciplinary E. Klanecky DATED 5.8.19

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name:

Whitford

Last name

Makueyapee

First Name

ID # 3015941Date: 4-29-19Time: 1845Place of Incident: A-Block LHU-1Room/Cell: LA-2Housing Unit: LHU-1Job Assignment: 9999 Unassigned

Infraction Number(s) & Name(s)

4207- Participating in, or encouraging others to participate in unauthorized coordinated activity
4229- Planning, attempting, encouraging, Facilitating or conspiring with others to commit 4200 series infraction, (4210)

Staff Witness: 1. _____

2. _____

Other Inmates involved 1. Jones, R # 45221

2. _____

Description of Violation: (who, what, why, where, when and how):

On the above date and time I Sgt Ramirez was checking plumbing chases on A-Block due to inmate Whitford's continual participation in destroying facility property and encouraging others to destroy facility property in this instance clogging plumbing chases to flood A-Block and make the drains back up by repeatedly putting state bedding and destroying state mattresses and flushing them into the toilets.

REPORTING STAFF MEMBER:

Daniel Ramirez
(Print Name)[Signature]
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement☒ Release to Previous Status☐ OtherReason: Already PHE Detention in LHU1

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]
(Shift Supervisor's Signature)4/29/19
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/1/19 Time: 9:15 hrs. Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☒ Yes ☐ No If inmate is a prisoner, have his/her complete a Witness Request form
- Other pertinent notations: Attachments

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
(Staff Signature)4/30/1015
(Date & Time)xunable to sign
(Inmate's Signature / ID#)

LH11/4444 Unassigned / MAX

LH117 a

STATE OF MISSISSIPPI TANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford Makueyapee ID # 3015941 Date: 05-03-19Infraction Number(s) & Name(s) 4207-Participating in or encouraging others to participate☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKENContinuance granted to Date: ____ / ____ / ____ By: in unauthorized cord. activityReason: 4229-Planning attempting, encouraging, facilitating or conspiring w/others to commit 4200 series infraction (4210)Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: _____

Did not attend hrg.Evidence Provided: Infraction Report, Confidential reportFindings: ☒ Guilty of # 4207/4229(4210) Not Guilty of # _____Evidence Relied On: Infraction Report, Confidential reportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): \$50.00 fine

Reason(s) for findings:

inmates to flood.offender encouraged otherThomas Wilson 5.13.19
ADMINISTRATIVE REVIEW / DATEG. Klanecky 5.13.19
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☒ I DO NOT WISH TO APPEALInmate's Signature / ID#: Did not attend hrg.

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

INMATE: Whitford Makunayapee AO#: 3015941 LOCATION: LH11

4-29-19-4210/4212/4213 4-23-19-4213/4235 4-29-19-4207/4229
(4216)

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 05/01/19 IS/ARE BEING CONTINUED UNTIL 05/03/19

FOR THE FOLLOWING REASONS: Visiting room is not fixed
yet / glass needs replaced

Inmate Signature X [Signature] DATED _____

Disciplinary Carrie Walsted DATED 5/1/19

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

INMATE: Whitford, Makueeyap A#: 3015941 LOCATION: LHU1

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 05-03-19 IS/ARE BEING CONTINUED UNTIL 05-08-19

FOR THE FOLLOWING REASONS: Wants time to formulate
a defense

Inmate Signature unable to sign DATED _____

Disciplinary Carrie Walsted DATED 5-03-19

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 5.8.19 IS/ARE BEING CONTINUED UNTIL 5.13.19

FOR THE FOLLOWING REASONS: offender on a BNP

Inmate Signature Verbally Advised
unable to sign DATED 5.8.19

Disciplinary B. Klanecky DATED 5.8.19

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

APR 29 2019

DISCIPLINARY

Inmate Name: Whitford Last name First Name ID # 3015941Date: 4-28-19 Time: 1500 Place of Incident: A-BlockRoom/Cell: 442 Housing Unit: CHU-1 Job Assignment: 9999 UnassignedInfraction Number(s) & Name(s) 4210 - Destroying or Damaging Facility property4208 - InsolenceStaff Witness: 1. Meagher maintenance Other Inmates involved 1. _____
2. _____ 2. _____Description of Violation: (who, what, why, where, when and how): On the above date and time while maintenance meagher was assessing A-Block plumbing issues inmate whitford told meagher you guys are going to be here every day! Inmate whitford tore his mattress and had several large foam pieces in his toilet. Maintenance Meagher said after

REPORTING STAFF MEMBER:

Daniel Spairer
(Print Name)[Signature]
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ OtherReason: No threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG B-MLB
(Shift Supervisor's Signature)4/28/19
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 5/1/19 Time: any hrs. Place: CHU12. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).3. I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Present evidence and witnesses on my behalf. ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form

5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
(Staff Signature)4/29/19 45
(Date & Time)

(Inmate's Signature / ID#)

Removed from cell after breaking visiting room window

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY HEARING DECISION

MAJOR ☒MINOR ☐Inmate's Name: Whitford, Makueeyape ID# 3015941 Date: 4.29.19Infraction Number(s) & Name(s) 4210 - Dest. Property; 4208 - Insolence☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty

Inmate's Statement: _____

☒ Other: Refused to sign infraction -
Refused to comply w/ orders

Evidence Provided: infraction report, incident reportsFindings: ☒ Guilty of # 4210/4208 ☐ Not Guilty of # _____Evidence Relied On: infraction report, incident reports

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Restitution for mattress: \$118.00Refer to unit

Reason(s) for findings: _____

offender destroyed a mattress
& was disrespectful toward staff. offender refused
multiple orders, thereby refusing to sign infraction
report - hearing held w/out him.

ADMINISTRATIVE REVIEW / DATE 4/30/19DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM E. Klanecky 4.29.19

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEALInmate's Signature / ID#: Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: LHU-1 A-Block Statement #: 26217
 Incident Date: 04/28/2019 Incident Time: 02:10 PM Statement Date: 04/28/2019
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/ALHU-1 A-Block plumbing issues / inmates flooding

Summary of Incident

On the above date and time while beginning of 2nd shift as myself (Sgt. Ramirez) and floor officers chitted out equipment from the primary cage it was seen A-Block had a large amount of water flooded all over the dayroom of A-Block. The floor officers went into A-Block to assess the situation of A-Block. Officers said inmate Whitford, M#3015941 was standing in his cell continually flushing his toilet adding to A-blocks drains backing up. Officer Fulmer said while talking with inmate Knudson#3013039 UA-8 he said inmate Whitford is flushing blankets and pieces of his mattress in the toilet to cause the drains to backup. Officer Brown in control cage said he heard inmate Whitford telling inmate Sieler#41241 LA-6 how to make the dayroom drains back up. Officer Johnson talked with inmate Sieler who told him "I got 3 years left and this will not stop till my time here is done!" I called Command Post and informed them of the situation on A-Block and was told to shut all the water off to A-Block by SSGT. Miller and that the on-call plumber was coming in from Butte. Floor officers were instructed to turn the water off on A-Block at this time.

Involved Persons

Category	Person	Narrative
Staff	Johnson, Cameron	floor officer
Staff	Brown, Robert	floor officer
Offender	Whitford, Makueeyapee - 3015941	inmate acting out
Offender	Sieler, Michael - 41241	inmate acting out
Staff	Fulmer, Cameron	floor officer
Offender	Knudson, John - 3013039	inmate witness

Source and Documentation

Confidential Informant: No

Information Source: Offender - Knudson, John 3013039

Reporting Staff: Ramirez, Daniel

Title: Correctional Officer Sgt

Signature: *Sgt Ramirez*

Date: 4-28-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed & Distributed*

Supervisor Name: *SSG B. Mull*

Title: *SSG*

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford
 Incident Date: 04/28/2019 Incident Time: 02:30 PM
 Jurisdiction: Montana State Prison
 Statement #: 26219
 Statement Date: 04/28/2019

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/2

Summary of Incident

On above time and date I C/O Brown was in the primary cage in locked one. The drains on A block were flooding. I was monitoring the speakers on A block. I over heard Whitford, Makueeyapee, # 3015941 talking with Sieler, Michael # 41241. Whitford told Sieler that if they put stuff down the toilet it would cause the drains to back up again. Whitford then stated we can make the higher ups give us what we want. All we have to do it to continue acting up and tear shit up. EOR

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Staff - Brown, Robert 21001

Reporting Staff: Brown, Robert

Title: Correctional Officer

Signature: Raut Brien

Date: 4-28-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed + Distributed

Supervisor Name: SSg B. Miller

Title: SSg

Signature: SSg B. Miller

Date: 4-28-19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Info on A block Statement #: 26221
 Incident Date: 04/28/2019 Incident Time: 02:30 PM Statement Date: 04/28/2019
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/UPPER/8

Summary of Incident

On the above date and approximate time, I, CO Fulmer, was on A block assessing the situation after a flood had started. When I came by Inmate Knudson's (3013039) cell, he informed me that inmate Whitford, Makueyapee (3015941) was purposefully flushing blankets and mattress pieces in order to cause all the drains to back up.

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Offender - Knudson, John 3013039

Reporting Staff: Fulmer, Cameron

Title: Correctional Officer

Signature: Cameron T. Fulmer

Date: 4/28/2019

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed + Distributed

Supervisor Name: SSG B. Miller Title: SSG 1

Signature: SSG B. Miller Date: 4-28-19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY
E
APR 29 2019

DISCIPLINARY

Inmate Name: Whitford Last name Makveeyapee First Name ID # 3015941
 Date: 4-28-19 Time: 1425 Place of Incident: A-Block LHV-1
 Room/Cell: LA-2 Housing Unit: LHV-1 Job Assignment: 9999 unassigned
 Infraction Number(s) & Name(s)

4207- Participating in, or encouraging others to participate in an unauthorized coordinated activity

Staff Witness: 1. _____ Other Inmates involved 1. Sieler, M #41241
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time while working LHV-1 primary control. A-Block had a flood and plumbing issues. After officers went in A-Block to turn water off to cells I heard inmate Whitford LA2 telling inmate Sieler LA6 how to clog the drains and make water back up through block dayroom drains. Inmate Whitford was telling the block if we keep acting up the higher ups will do anything we want we can make this go all day

REPORTING STAFF MEMBER: Robert Brown
 (Print Name)

Raut
 (Sign Name)

Supervisor Review: Daniel Ramirez
 (Print Name)

Sol Ramirez
 (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
 Reason: NO threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG B. MBL
 (Shift Supervisor's Signature)

4/28/19
 (Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/1/19 Time: any Place: LHV2
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Sieler, Inmate on Block

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

G. Klanecky
 (Staff Signature)

4/29/0945
 (Date & Time)

Refused
 (Inmate's Signature / ID#)

Removed from cell after breaking visiting room window

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makuee Yapee ID # 3015941 Date: 4.29.19

Infraction Number(s) & Name(s) 4207 - Enc. coordinated activity

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty

Inmate's Statement: _____

☒ Other: Refused to sign infraction -
Refused to comply w/ orders

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4207 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refer to UMT

Reason(s) for findings:

Offender encouraged other inmates to flood their cells. Offender refused multiple orders from staff, thereby refusing to sign infraction rpt - hearing held w/out him.

ADMINISTRATIVE REVIEW / DATE 4/30/19

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM J. Klanicky 4.29.19

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY HEARING DECISION

MAJOR ☒MINOR ☐Inmate's Name: Whitford Makueyapee ID # 3015941 Date: 4-26-19Infraction Number(s) & Name(s) 4212-Willfully destroying a safety device☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____Inmate's Statement: Offender refused to sign infraction reportEvidence Provided: Infraction ReportFindings: ☒ Guilty of # 4212 ☐ Not Guilty of # _____Evidence Relied On: Infraction ReportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): Revoke SS time from write up on 3-10-19 of 15 days detention
15 days detention, Credit for 3 days, End 05-08-19Reason(s) for findings: Offender took his state documents off of his door + destroyed them. These sheets are used to make sure the inmates are checked on on a regular basisThomas S. 419
ADMINISTRATIVE REVIEW / DATECarrie Walster
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: Offender refused to sign

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED **E**

APR 29 2019

DISCIPLINARY

Inmate Name: Whitford Last name M First Name ID # 3015941Date: 4-26-19 Time: 2045 Place of Incident: LHU1Room/Cell: WA-6 Housing Unit: LHU1 Job Assignment: _____Infraction Number(s) & Name(s) 4213- Refusing to immediately obey a verbal "direct" order/command from any staff member.
4236- Refusing, interfering with, or manipulating any house assignment.Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____Description of Violation: (who, what, why, where, when and how): One the above date and time I Sgt Pica told 3m Whitford that he has to cuff up to be moved to a lower cell, 3m Whitford #3015941 Refused and at that time I gave him a direct order to cuff up and he stated 'Bring the team up. EORREPORTING STAFF MEMBER: Sgt Pica (Print Name) Sgt Pica (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: No threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSJ BML

(Shift Supervisor's Signature)

4/26/19

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/1/19 Time: any Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☒ Yes ☐ No If inmate has witnesses, have inmate complete a Witness Request form
- Other pertinent notations: Other inmates

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

J. Klanecky

(Staff Signature)

4/29/19 45

(Date & Time)

Refused

(Inmate's Signature / ID#)

Removed from cell after breaking visiting room window

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 4.29.19

Infraction Number(s) & Name(s) 4213 - Ref. Wn Order; 4236 - Ref. Housing

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to sign infraction

Inmate's Statement: Refused to comply w/ orders

Evidence Provided: infraction report, incident report

Findings: ☒ Guilty of # 4213/4236 ☐ Not Guilty of # _____

Evidence Relied On: infraction report, incident report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refer to unit

Reason(s) for findings: offender refused an order to cuff

up to be moved to a different cell. Offender refused multiple orders from staff, thereby refusing to sign infraction rpt. - hearing held w/out him.

ADMINISTRATIVE REVIEW / DATE 4/30/19 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM P. Klenneky 4.29.19

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Concerns, I/M Whitford assigned cell. **Statement #:** 26179
Incident Date: 04/26/2019 **Incident Time:** 08:45 PM **Statement Date:** 04/26/2019
Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/UPPER/6

Summary of Incident

On the above date and time I Sgt Pica spoke to LT Billoft in regards to the assigned cell of I/M Whitford #3015941 as he refused to be moved and was allowed to stay in a upper cell as he just flooded the entire Block and his water restriction ends at appromcatly at 5am.

after my first call ended with The LT, I called him back a second time to let him know that I/M Whitford is on a double food port restriction for past occurences and there are not any on the upper tiers. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Billoft, Shane	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Pica, Marcos

Reporting Staff: Pica, Marcos

Title: Correctional Officer

Signature: Sgt Pica **Date:** 4-26-19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed & Distributed

Supervisor Name: SSG B Miller **Title:** SSG

Signature: SSG B Miller **Date:** 4-26-19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE

Note: This statement of Incident may be the only statement of the described incident, or It may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY **E**

APR 26 2019

DISCIPLINARY

Inmate Name: Whitford Last name Makueyapee First Name ID # 3015941
 Date: 25 Apr 19 Time: 2207 Place of Incident: LHUI LAG
 Room/Cell: LAG Housing Unit: LHUI Job Assignment: _____
 Infraction Number(s) & Name(s) 4210 destroying, altering or damaging facility property or the property of another person including flooding

Staff Witness: 1. CG Rees Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On 25 Apr 19 about 2225 I noticed water on A block coming from LA 6-8 houses appx. CG Rees asked for the water key and went onto A block. CG Rees turned off the water and per Command Post left the water off on LAG Whitford M. # 3015941 upon reviewing the cameras. C-19 @ 2207 new water is visible outside LAG Whitford's cell. @ 2209 and on water is spreading from LAG to the rest of the block. LAG toilet had no knob and wasn't completely turned off. @ 2315 LAG flooded again and admitted it. He removed knob from another valve and turned off toilet to LAG. Whitford refused to come out. End of Report

REPORTING STAFF MEMBER: S Knutson (Print Name) S Knutson (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
 Reason: Already PHC

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SG Rees
(Shift Supervisor's Signature)4/26/19
(Date)John Cash
(Warden or Designee Signature)4/26/19
(Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 5/1/19 Time: any Place: LHUI
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: CG statements

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

CG Knutson
(Staff Signature)4/29/0945
(Date & Time)Refused
(Inmate's Signature / ID#)

Removed from cell after breaking visiting room window

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeupae ID # 3015941 Date: 4.29.19

Infraction Number(s) & Name(s) 4210 - Dist. Property

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to sign infraction -

Inmate's Statement: Refused to comply w/ orders

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4210. ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: 3

(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$10.00 Restitution.

\$1,1612.71 Restitution - Additional amount TBD
Refer to Investigations

Reason(s) for findings:

offender flooded his cell. Offender
refused multiple orders from staff, thereby refusing
to sign infraction report - hearing held w/out him.

ADMINISTRATIVE REVIEW / DATE 4/30/19 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM G. Klanecky 4.29.19

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

RECEIVED BY

APR 26 2019

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

DISCIPLINARY

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: WhitfordMakucyapeeID # 3015941Date: 4.25.19 Last name

First Name

Time: 2025Place of Incident: L4U-1Room/Cell: L4-8Housing Unit: L4U-1

Job Assignment: _____

Infraction Number(s) & Name(s) 4111 - Assaulting staff to include clearing body fluids (urine, feces, spit etc.) to come in contact with anotherStaff Witness: 1. LT. MathonOther Inmates involved 1. Pieler #41241

2. _____

2. _____

Description of Violation: (who, what, why, where, when and how): On above date and time I (CO Mathon) was on A block helping clean a flood. While helping clean A-block inmate Whitford #3015941 and inmate Pieler #41241 were arguing back and forth calling each other names disrespectfully. Pieler #41241 was put in the lower A-chow so the officers and swamper can clean his cell L4-5. Whitford #3015941 who is in L4-8 started throwing water through the crack of his cell door. Whitford was verbally warned by CO Mathon to stop but he kept throwing flood water through his door and it splashed on CO Mathon.

REPORTING STAFF MEMBER: Trombly

(Print Name)

(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement☒ Release to Previous Status☒ OtherReason: Placed on BMRM Already PHC

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

LT. M. B. Mathon

(Date)

James Cobb

(Warden or Designee Signature)

4/26/19

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 05/01/19 Time: Any hrs. Place: Any2. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).3. I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form

5. Other pertinent notations: _____

Copies of all statements

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

H. Klanecky

(Staff Signature)

4/29/19

(Date & Time)

Refused

(Inmate's Signature / ID#)

Removed from cell after breaking visiting room window

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 4/29/19

Infraction Number(s) & Name(s) 4111 - Assault

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty

Inmate's Statement: _____

☒ Other: Refused to sign infraction -
Refused to comply w/ orders

Evidence Provided: Infraction report, incident reports

Findings: ☒ Guilty of # 4111 ☐ Not Guilty of # _____

Evidence Relied On: infraction report, incident reports

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 15 days detention, consecutive END -
5.23.19

Refer to Investigations

Reason(s) for findings: _____

offender threw a liquid on
staff. Offender refused multiple orders, thereby
refusing to sign infraction report - hearing
held w/ out him.

ADMINISTRATIVE REVIEW / DATE 4/30/19

G. Klanecky 4/29/19
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

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☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



Montana Department of Corrections

COMMAND POST/ *KAP*
Initial-Approved

Statement of Incident

Title: Flood Statement #: 26143
Incident Date: 04/25/2019 Incident Time: 10:25 PM Statement Date: 04/26/2019
Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LOWER/8/Flood began at lower A 8 and flooded the entire block.

Summary of Incident

On the above date and time, I LT. Mathon was informed of a flood in LHU-1 on lower A-block. I then sent for the LHU-1 swamper from A-unit and went to the unit to assess the damage. Upon my arrival I noticed the entire block flooded and the inmates were arguing amongst themselves, particularly Whitford, M. #3015941 and Sieler, M. #41241. After getting most of the water off of the block we started removing inmates from their cells and cleaning the water out one by one. When we removed Sieler from his cell and placed him in the shower, he and inmate Whitford began yelling at one another and this escalated until Whitford began throwing water from his cell through the crack of his door trying to hit Sieler with it. During this altercation officer Mauga, T. was hit with the flood water. Whitford refused to stop throwing the water after several orders to do so. I then retrieved the shield from the emergency equipment locker and officer Mauga used it to deflect the water so we could remove Sieler from the shower and return him to his cell. When Sieler was removed from the shower and returned to his cell, Whitford stopped throwing water. Whitford along with Wolf, D. #3015941 LA-7 and Gamble, T. # 2002379 LA-1 refused to have their cells cleaned. After reviewing the cameras, the water was first seen coming from LA-8 which is Whitford's cell. Whitford was written up for both 4210 and 4111. The rest of the block was cleaned without further incident. EOR

Involved Persons

Category	Person	Narrative
Staff	Fox, William	present
Staff	Mauga, Travis	present
Staff	Singleton, Jennifer	present
Staff	Rees, Erik	present
Staff	Michela, Christopher	present
Staff	Knutson, Stephen	present

Source and Documentation

Confidential Informant: No

Information Source: Staff - Mathon, Mike

Reporting Staff: Mathon, Mike

Title: Correctional Officer SupMgr

Signature: *LT. Mike Mathon*

Date: 4.26.19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Reviewed and Processed

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Flood
Incident Date: 04/25/2019 Incident Time: 10:25 PM
Jurisdiction: Montana State Prison

Statement #: 26143
Statement Date: 04/26/2019

Supervisor Name: Thornton Title: SSG
Signature: [Signature] Date: 4-26-19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

COMMAND POST/

[Signature]
Initial-Approved

Statement of Incident

Title: FLOOD

Statement #: 26145

Incident Date: 04/25/2019

Incident Time: 11:00 PM

Statement Date: 04/26/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LOWER/8

Summary of Incident

On the approximate above date and time I C/O Fox walked into command post and was informed that there was a flood in locked housing unit 1 and that I needed to get the swamper and head up there to help with it. When the swamper and I got there we looked on to A-Block to see what all we needed and the swamper grabbed all of the equipment that we needed. As we got the day room starting to look better freeish of water we put Inmate Sieler from his cell into the shower and when we did Inmate Whitford started to yell and scream at Inmate Sieler in the shower. Inmate Whitford then attempted to through water at Inmate Sieler who was in the shower as we were trying to get him out of the shower and back to his cell. Doing so Inmate Whitford got water on C/O Rees & C/O Mauga. LT. Mathon then went and got the shield from the lock box and we put it on Inmate Whitford's cell door to prevent more water from being thrown on anyone else as we got Inmate Sieler out. We then proceeded to finish cleaning up the flood. After we got the flood cleaned up I C/O Fox then went into the cage and rewound the camera and found out that Inmate LA8 Whitford was the one who flooded.

E.O.R.

Involved Persons

Category	Person	Narrative
Staff	Singleton, Jennifer	present
Staff	Mauga, Travis	present
Staff	Rees, Erik	present
Staff	Michela, Christopher	present
Staff	Knutson, Stephen	present

Source and Documentation

Confidential Informant: No

Information Source: Staff - Fox, William

Reporting Staff: Fox, William

Title: Correctional Officer

Signature: *[Signature]*

Date: 4/26/19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed and Processed*

Supervisor Name: *Thornton* Title: *SSG*

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: FLOOD

Statement #: 26145

Incident Date: 04/25/2019

Incident Time: 11:00 PM

Statement Date: 04/26/2019

Jurisdiction: Montana State Prison

Signature: 

Date: H-26-19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

COMMAND POST/ *ky*
Initial-Approved

Statement of Incident

Title: Whitford Flooding

Statement #: 26149

Incident Date: 04/25/2019

Incident Time: 10:25 PM

Statement Date: 04/25/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/8/LHU1 A Block, Cell LA8

Summary of Incident

On the above date and approximate time I, C/O Michela was conducting rounds on the east side of LHU1. When I finished, I got to the sergeants office and received a call from the main cage telling me to head to A block. I went to A block to discover the block had about an inch of water covering the floor. I/M Whitford, AO#3015941 had flooded. C/O Rees turned his water off. Command post was notified and we started cleaning it up. The swamper arrived shortly after with c/o's Mauga and Fox. We cleaned the water off the floor and then started taking inmates out and putting them in the shower or another cell while we cleaned their cells. At approximately 11:45 c/o Singleton and I conducted count. When we finished cleaning all of the cells and floor it was approximately 11:45.

Involved Persons

Category	Person	Narrative
Staff	Knutson, Stephen	
Staff	Rees, Erik	
Staff	Singleton, Jennifer	
Staff	Mauga, Travis	
Staff	Fox, William	
Staff	Mathon, Mike	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Michela, Christopher

Reporting Staff: Michela, Christopher

Title: Correctional Officer

Signature: *Michela*

Date: *4/26/2019*

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed and Processed*

Supervisor Name: *Thorn*

Title: *SSG*

Signature: *SSG*

Date: *4-26-19*

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford Flooding

Statement #: 26149

Incident Date: 04/25/2019

Incident Time: 10:25 PM

Statement Date: 04/25/2019

Jurisdiction: Montana State Prison

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

COMMAND POST/

[Signature]
Initial-Approved

Statement of Incident

Title: Flood in LHU 1

Statement #: 26147

Incident Date: 04/25/2019

Incident Time: 10:25 PM

Statement Date: 04/26/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LOWER/8/LHU 1 LA block. Flood originated from cell LA8.

Summary of Incident

I was conducting checks in LHU 1 at approximately 2225 on B block when i noticed water on the floor of the lower tier that seemed to be coming from A block. I informed the control officer that there was a probable flood on A block and requested the water key. Upon entering A block I noticed that the entire floor of the lower tier was covered in water nearly an inch deep. As I attempted to find the cell where the leak started I also noticed that every cell on the lower tier was also flooded. Inmate Whitford kept insisting that Inmate Wolf in LA 7 was the inmate that caused the flood. After Officer Fox reviewed security camera footage of the incident it was determined that water began flowing from under the door of cell LA 8, which is where Inmate Whitford was housed. While attempting to remove water from Inmate Seilers cell we placed him in the shower next to LA 8. Inmate Whitford began calling Inmate Seiler names and attempted to splash dirty water on him by throwing cupfuls at the top corner of his cell door nearest the shower stall. After removing as much water as we could from Inmate Seilers cell I attempted to remove him from the shower stall. I was splashed with water multiple times from Inmate Whitford, as was Officer Fox and Officer Mauga. Inmate Whitford was ordered to stop yelling and throwing water multiple times by multiple officers and refused to cooperate. I turned off Inmate Whitfords water in an attempt to limit access and deter him from continuing to splash personell. Officer Mauga utilized the shield to block water that inmate Whitford was throwing in order to allow me to move inmate Sieler back to his cell so that we could continue cleanup.

Involved Persons

Category	Person	Narrative
Staff	Knutson, Stephen	Control Officer.
Staff	Michela, Christopher	Floor officer responding to incident.
Staff	Singleton, Jennifer	Floor officer responding to incident.
Staff	Mauga, Travis	Officer responding to incident.
Staff	Fox, William	Officer responding to incident.
Staff	Mathon, Mike	LT on duty in command post. Responded to incident.
Offender	Whitford, Makueeyapee - 3015941	Inmate thhat initiated flood.
Offender	Sieler, Michael - 41241	Inmate in the shower being splashed by Inmate Whitford

Source and Documentation

Confidential Informant: No

Information Source: Staff - Rees, Erik

Reporting Staff: Rees, Erik

Title: Correctional Officer

Signature: *Erik A. Rees*

Date: 4-26-2019

Notes

No Notes are associated with this Incident Statement

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Flood in LHU 1

Statement #: 26147

Incident Date: 04/25/2019

Incident Time: 10:25 PM

Statement Date: 04/26/2019

Jurisdiction: Montana State Prison

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed and Processed

Supervisor Name: Thornton Title: SSG

Signature: [Signature] Date: 4-26-19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

COMMAND POST/ WJ
Initial-Approved

Title: Flooding in LHU-1 A Block

Statement #: 26151

Incident Date: 04/18/2019

Incident Time: 10:25 PM

Statement Date: 04/26/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/LHU-1 A Block.

Summary of Incident

On the above date and approximately time. C/O Rees and C/O Michela starting conducting rounds. I C/O Singleton was in the SGT's office sorting mail. About 2230 C/O Knutson called on the phone and let me know that A block was flooding and C/O Rees needed help. When I arrived onto A block I could see that there was about an inch to two inches of water on the floor, from LA-1 to LA-8. Inmate Seilers 41241 was yelling and screaming "if you guys don't get me out of this wet cell something is going to happen." At that time I left A block and headed to the SGT's office and called command post and let them know what was happening. After I returned to A block, C/O Rees and myself starting cleaning up to water. Approximately 10 Minutes later after finishing rounds C/O Michela came on to A block and started cleaning as well. At 2248 C/O Mauga entered the unit. Then C/O Fox arrived shortly after with I/M swampers, followed by LT. Mathon. As we are all trying to clean up water, we move inmate Seilers, 41241 into the shower. At that time inmate Whitford, 3015941 began yelling and throwing dirty water at inmate Seilers, 41241 with a cup from the corner of his cell door. Inmate Whitford, 3015941 was ordered to stop throwing water and to stop yelling. At that time I saw that LT. Mathon, C/O Mauga, and C/O Fox all got dirty water thrown at them. LT. Mathon got the shield and C/O Mauga used it to block more water from being thrown at them. While they were trying to move inmate Seilers, 41241 out of the shower and back to his cell. At approximately 2345 C/O Michela and myself conducted count.

Involved Persons

Category	Person	Narrative
Staff	Knutson, Stephen	Main Control Officer responding.
Staff	Rees, Erik	Floor Officer responding.
Staff	Michela, Christopher	Floor Officer responding.
Staff	Mauga, Travis	Officer responding.
Staff	Fox, William	Officer responding.
Staff	Mathon, Michael	LT. responding.
Offender	Whitford, Makueeyapee - 3015941	Inmate that flooded/throw water.

Source and Documentation

Confidential Informant: No

Information Source: Staff - Singleton, Jennifer

Reporting Staff: Singleton, Jennifer

Title: Correctional Officer

Signature: Jennifer Singleton

Date: 4/26/19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Flooding in LHU-1 A Block

Statement #: 26151

Incident Date: 04/18/2019

Incident Time: 10:25 PM

Statement Date: 04/26/2019

Jurisdiction: Montana State Prison

Supervisor Review and Remarks:

Reviewed and Processed

Supervisor Name:

Thornton

Title:

SSG

Signature:

SSG Thornton

Date:

4-26-19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒

MINOR ☐

RECEIVED BY

APR 24 2019

DISCIPLINARY

Inmate Name: Whitford Last name M First Name ID # 3015941

Date: 4-23-19 Time: 1500 Place of Incident: LHU1

Room/Cell: LF-3 Housing Unit: LHU1 Job Assignment: _____

Infraction Number(s) & Name(s) 4213 - Refusing to immediately obey a verbal "direct" order/command from any staff member.
4235 - Threatening any other person to include staff, volunteers, visitors, vendor, member of the public with bodily harm

Staff Witness: 1. Sgt Brown Other Inmates involved 1. _____
2. Sgt Condon 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximately Time I Sgt Pica was speaking to Inmate Whitford #3015941 to convince him to cuff up, at that time he stated he would and I opened his food slot and the Inmate swiped at me like he was trying to hurt me with an object. I proceeded to shut the food slot and gave Inmate Whitford a direct order and he stated go "fuck you Pica", EOR.

REPORTING STAFF MEMBER:

Sgt Pica
(Print Name)

Sgt Pica
(Sign Name)

Supervisor Review:

C. Lamb
(Print Name)

C. Lamb
(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: Already DTC

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

C. Lamb
(Staff Supervisor's Signature)

4/23/19
(Date)

(Warden or Designee Signature)

1/1
(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 4/26/19 Time: any hrs. Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

B. M. Lamb
(Staff Signature)

4/24/19 10:10
(Date & Time)

Whitford
(Inmate's Signature / ID#)

LNUJ a

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒MINOR ☐

05:03-19

Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 4.29.19Infraction Number(s) & Name(s) 4213 - Ref: an Order; 4235 - threatening☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKENContinuance granted to Date: 5/1/19 By: B. KlaneckyReason: Witness statementsPlea: ☐ Guilty ☒ Not Guilty ☐ Other:Inmate's Statement: I haven't had any witness statements to prepare a defense / States he hasn't been able to prepare a defense-Hearing held w/out him 5.13.19Evidence Provided: infraction reportFindings: ☒ Guilty of # 4213/4235 ☐ Not Guilty of # _____Evidence Relied On: Infraction ReportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): Refer to unitReason(s) for findings: Offender reached through the food slot at staff.Thomas Wilson 5.13.19

ADMINISTRATIVE REVIEW / DATE

B. Klanecky 5.13.19

DISCIPLINARY HEARINGS OFFICER (UNIT) DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☒ I DO NOT WISH TO APPEALInmate's Signature / ID#: Did not attend hrg.

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

INMATE: Whitford Makunayapo AO#: 3015941 LOCATION: LHU1

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR April 26th 2019 IS/ARE BEING CONTINUED UNTIL April 29th 2019
FOR THE FOLLOWING REASONS: A-Block is flooded and the
drains are not draining / Staff attending to flood

Inmate Signature [Signature] DATED 4/26/19

Disciplinary Carri Walster DATED 4-29-19

***** I revoked his
15 days for the
writeup he refused
to sign so as of
now 15 day det
5-08-19 *****

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR _____ IS/ARE BEING CONTINUED UNTIL _____
FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

INMATE: Whitford Makueyapee AO#: 3015941 LOCATION: LH01

4-29-19-4210/4212/4213 4-23-19-4213/4235 4-29-19-4207/4229
(4216)

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 05/01/19 IS/ARE BEING CONTINUED UNTIL 05/03/19

FOR THE FOLLOWING REASONS: Visiting room is not fixed
yet / glass needs replaced

Inmate Signature X [Signature] DATED _____

Disciplinary Carrie Walsted DATED 5/1/19

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

INMATE: Whitford, Makueeyap A#: 3015941 LOCATION: LHU1

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 05-03-19 IS/ARE BEING CONTINUED UNTIL 05-08-19

FOR THE FOLLOWING REASONS: Wants time to formulate
a defense

Inmate Signature unable to sign DATED _____

Disciplinary Carni Walsted DATED 5-03-19

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 5.8.19 IS/ARE BEING CONTINUED UNTIL 5.13.19

FOR THE FOLLOWING REASONS: offender on a BNP

Inmate Signature Verbally Advised
unable to sign DATED 5.8.19

Disciplinary B. Klanecky DATED 5.8.19

Pg 1 of 2

E

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

RECEIVED BY

APR 24 2019

DISCIPLINARY

Inmate Name: Whitford Makweeyapee ID # 3015941
 Date: 4.23.19 Time: 0930 Place of Incident: LHU-1 LF-3
 Room/Cell: LF-3 Housing Unit: LHU-1 Job Assignment: 99999 Unassigned
 Infraction Number(s) & Name(s): 4212 Willfully destroying a security
safety device.

Staff Witness: 1. _____ Other Inmates involved 1. None.
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On 4.22.19 while the staff of LHU-1 were running inmates out to the recreation yard, I became aware that inmate Whitford did not have the unit security caution placards on his cell door. I learned that a couple days earlier he had been kicking his cell door so hard that all the security sheets, magnetic placement holders and security caution placard had fallen off the cell door. I was told by other staff that the sec. caution placard had been removed from the door and staff assumed it was taken down by staff. Therefore, for a couple of days, Whitford was removed from his cell and escorted through the unit without proper safety measures being employed, putting staff and the security of the unit at risk. The missing safety caution placard was no where to be found

REPORTING STAFF MEMBER: _____

(Print Name)

(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other

Reason: Mandatory lock-up - security threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SGA [Signature]
 (Shift Supervisor's Signature)

4/23/19
 (Date)

[Signature]
 (Warden or Designee Signature)

4/21/19
 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 4/26/19 Time: Am hrs. Place: LHU1
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
 (Staff Signature)

4/23/19 1500
 (Date & Time)

Refused to sign
 (Inmate's Signature / ID#)

pg 2 of 2

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☐ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Whitford Nakueenapee ID # 3015941Date: 4.23.19 Time: 0930 Place of Incident: 4H-1 LF-3Room/Cell: LF-3 Housing Unit: 4H-1 Job Assignment: 99999 UnassignedInfraction Number(s) & Name(s) 4212 Willfully destroying a security
safety device.Staff Witness: 1. _____
2. _____Other Inmates involved 1. None.
2. _____

Description of Violation: (who, what, why, where, when and how): so I instructed a cell search of Mr Whitford's cell be performed in an attempt to determine if he had taken the placard. The search officer did find two small pieces of the placard hidden among Whitford's legal papers, along with a smaller magnetic card piece from an unrelated source that had been used to adhere door sheets to the cell door. The fact that Whitford intentionally caused the security caution placard and other documents to fall from the outside surface of his cell door, combined with finding pieces of the missing document in his possession and no longer whole, demonstrates a willful act, and an intent to place staff into a risk of danger. EOR

REPORTING STAFF MEMBER: Sgt. Harry Pasha Sgt. Amy Pasha
(Print Name) (Sign Name)Supervisor Review: _____
(Print Name) (Sign Name)Inmate Status: ☒ Pre-Hearing Confinement ☒ Release to Previous Status ☐ OtherReason: mandatory lock-up. Security threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

886 a2/a 4/23/19 M. Pasha ZUBEN 4/23/19
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 4/26/19 Time: any hrs. Place: 4H-1
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

(Date & Time)

Refused to sign
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Makuegelee First Name ID # 3015941
Date: 4-19-19 Time: 1715 Place of Incident: LH-4 F Block
Room/Cell: LF-3 Housing Unit: LH-4 Job Assignment: 98988 UN
Infraction Number(s) & Name(s) 4212 - Willfully tampering with locking device
4213 - Refusing to obey a direct order

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approx time 5, C/O Foster, was in the Satellite cage of LH-4 when I/M Whitford (#3015941) began yelling at the cage that his neighbor needed the phone. I informed him no one was on the phone list. The I/M then started kicking his door, making everything fall off of his door. I gave the I/M an order to stop kicking his door, which the I/M refused to follow and continued kicking his door. EOR

REPORTING STAFF MEMBER: M. Foster (Print Name) M. Foster (Sign Name)
Supervisor Review: Sgt W Price (Print Name) Sgt W Price (Sign Name)
Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: Not a direct threat to security

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature) [Signature] (Date) 4.19.19 (Warden or Designee Signature) _____ (Date) _____

NOTICE OF HEARING/PREHEARING ACTION			
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.			
1. Hearing Date:	<u>4-22-19</u>	Time: <u>1115</u> hrs.	Place: <u>LH-4</u>
2. I understand the charge(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, verbally explain the charge(s) to the inmate).		
3. I waive my right to a hearing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if yes, have inmate sign an Agreement/Waiver/Refusal form)		
4. Present evidence and witnesses on my behalf	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If inmate has witnesses, have him/her complete a Witness Request form		
5. Other pertinent notations:	<u>Agreement - 21-fine</u>		
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.			
(Staff Signature)	<u>[Signature]</u>	(Date & Time)	<u>4-22/1115</u>
		(Inmate's Signature / ID#)	<u>[Signature]</u>

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐

Inmate Name:

Whitford, Makyeeyapee

ID #:

3015941

Date:

4/22/19

Time:

1115

Housing Unit:

LHU1

Infraction Number(s) and Description:

4213-Ref. an Order☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanctions:

\$21.00 fine

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature:

See infraction report

Date:

4/22/19☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____

Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:**

I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____

Inmate Signature: _____

Date: ____/____/____

Officer/Witness Signature: _____

Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team

B. Klanecky

Date:

4/22/19

Administrative Review Signature:

Thomas A. Isaacs

Date:

4/24/19

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

LOCKED HOUSING Plan Review

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 3/29/2019

Housing Unit: LHUI ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☒ Yes ☐ No BMP Clearance Date: 1/10/2019Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☒ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 5

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☒ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding)
☐ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: This review inmate Whitford was restarted on his current level. On 3/14/2019 he was found guilty of spitting on a correctional officer at his hearing. On 3/10/19 he was placed on a BMP due to spitting on a correctional officer. Due to these behaviors it was decided to restart Whitford on his current level. He starts level 1 on 3/29/2019 and will be scheduled to move to level 2 on 5/29/2019 as long as he keeps clear conduct. Also this review his security cautions were reviewed and it was decided that the double food port would be reviewed at this time and the other cautions would still remain in place.

I Had to be removed from 30 day review refuse to participate in my locked housing status review.

I ST: Peoples have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: ST: Peoples

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

E

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

Inmate Name: Whitford Last name Makuee Yapee First Name ID # 3015941
Date: 3-10-19 Time: 0715 Place of Incident: LHW1
Room/Cell: LE 6 Housing Unit: LHW1 Job Assignment: 99999-unassigned
Infraction Number(s) & Name(s) 4111-assaulting any other person to include
causing bodily fluids to come in contact with another
4208-INSULTACE

Staff Witness: 1. Sgt Charles, N Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and
approximate time I Sgt Proehl was assisting Sgt Charles and
Sergeant Coughlin in taking Inmate Whitford, ID # 3015941
to the shower. During the course of placing Inmate Whitford
in the shower he became insubordinate toward Sgt Charles. Once
Inmate Whitford was placed in the shower he proceeded to spit
in Sgt Charles's face when some of the spit came into contact
with my face I then informed Sergeant Coughlin while he was
in Whitford's cell searching for contraband of the incident. Sergeant
Coughlin then instructed Sgt Charles off the block to clean up
Sergeant Coughlin and I escorted Whitford out of the block shower
to LAS without any further incident EOR.

REPORTING STAFF MEMBER:

Supervisor Review:

Inmate Status: ☒ Pre-Hearing Confinement☐ Release to Previous Status☒ Other

Reason:

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/13/19 Time: AM hrs. Place: any
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations:

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

C/O D. Charles

(Staff Signature)

03/10/19

(Date & Time)

unable to sign due toBMP 6715.

(Inmate's Signature / ID#)

Officer McNultyOfficer L. Conlon

Attachment B

MSP 3.4.1, Institutional Discipline

Effective January 17, 2017

EXHIBIT D
EXHIBIT D

LHUL/MAX/99999 Unassigned

LHUL 01005

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒MINOR ☐Inmate's Name: Whitford Makueyaper ID # 3015941 Date: 03-14-19Infraction Number(s) & Name(s) 4111-Assault with bodily fluids☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKENContinuance granted to Date: 03/14/19 By: C Walster on BMP untilReason: 3-14-19 at 0755Plea: ☒ Guilty ☐ Not Guilty ☐ Other: _____Inmate's Statement: Offender states % Charles was cussing at everyone and caused a scene. Offender states % Charles treats everyone like garbage.Evidence Provided: Infraction ReportFindings: ☒ Guilty of # 4111 ☐ Not Guilty of # _____Evidence Relied On: Infraction ReportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): 30 days detention, 15 days detention, 15 days suspended for 90 days. End 03-29-19Reason(s) for findings: Offender spit on a staff member.Thomas White 3/18/19
ADMINISTRATIVE REVIEW / DATECarrie Walster
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☒ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: [Signature]

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

MSP Incident Report for BMP Activation

1. Inmate: Whitford, Makueeyapee #3015941 Max
Name AO/ID number Classification
2. Location: LHU-I ☒ cellblock: LA 5 LHU-II ☐ cellblock:
3. Is this inmate on the current BMP clearance list? YES ☒ NO ☐
 Start date: 01-10-19 End Date: 07/10/19
If not on BMP clearance list initiate a section G.
4. Date and time of incident: 03/10/19 0755AM
5. Nature of incident:
☐ Inmate-on-inmate assault ☒ X Inmate-on-staff assault ☐ Flooding cell
☐ Destruction of state property ☐ Inmate threatened Self harm
- Description of incident: Whitford spit in the faces of CO Charles, N and CO Proehl, D while they were placing him in the shower.
6. Use of Force required? ☐ YES ☒ X NO
 If use of force was required was it ☐ Emergent or ☐ Calculated?
(for details refer to Use of Force Incident Reports)
7. Name of the Command Post staff member who was contacted regarding plan activation:
SSGT. D Hansen Time this person was contacted 0755
8. Placement: ☐ Remain in current cell ☐ Pre-hearing Confinement pending further review
☒ X Isolation cell
9. Did the Shift Commander notify the on-call mental health professional and Warden or On Duty Officer? ☒ YES ☐ NO ☐ Mental health Nick Lumpkin and AW Godfrey
- SSGT D Hansen / LT. Postma 03/10/19
Staff Member Date



Montana Department of Corrections

COMMAND POST/ *JH*

Initial-Approved:

Statement of Incident

Title: I/M Whitford assault with a bodily fluid Statement #: 23891
 Incident Date: 03/10/2019 Incident Time: 07:15 AM Statement Date: 03/10/2019
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LOWER/Shower

Summary of Incident

On the above date and approximate time I, Sgt. Coughlin was assisting C/O Charles and C/O Proehl in escorting I/M Whitford, M. #30159941 to the shower as his security restrictions state that he is a 3 on 1 escort with the sergeant. Once I/M Whitford was placed in the shower successfully I went back to his cell to start searching for contraband. I was then informed by C/O Proehl that I/M Whitford was spitting in his face as well as in C/O Charles face. I returned to the shower and looked at C/O Charles face and seen brown spots all over his face. I then instructed C/O Charles to go and clean the spit off of his face. I then re-opened the shower and escorted I/M Whitford to LA-5 without any further incident. I then informed the command post of the incident. At approximately 0825 I was instructed by the command post that I/M Whitford was to be placed in the SMC cell and it was cleared by mental health Nick Lumpkin. Once I/M Whitford was placed in the SMC cell he was stripped. He handed everything out but refused to hand out his underwear. Command post was informed and the IPS team was dispatched to the unit. Once the IPS team arrived to the unit they went to SMC-2 and asked I/M Whitford for his underwear. I/M Whitford refused to hand them out. Command post was notified and it was determined that I/M Whitford could keep his underwear. I/M Whitford was written up and incident report was created.

EOR

Involved Persons

Category	Person	Narrative
Staff	Charles, Nathaniel	
Staff	Proehl, David	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Coughlin, Brett

Reporting Staff: Coughlin, Brett

Title: Correctional Officer Sgt

Signature: *[Signature]*

Date: 3/10/19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed and distributed with write-up*

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford assault with a bodily fluid
Statement #: 23891
Incident Date: 03/10/2019 Incident Time: 07:15 AM Statement Date: 03/10/2019
Jurisdiction: Montana State Prison

Supervisor Name: D. Hansen Title: SSG
Signature: D. Hansen Date: 3.10.19

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input checked="" type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input checked="" type="checkbox"/> Command Post	<input checked="" type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input checked="" type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

COMMAND POST/ DA
Initial-Approved

Title: Whitford, M #3015941 Bodily Fluid Assault **Statement #:** 23893
Incident Date: 03/10/2019 **Incident Time:** 07:15 AM **Statement Date:** 03/10/2019
Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/E/LOWER/Locked Housing Unit 1
Lower E-Block Shower

Summary of Incident

On the above date and approximate time I, Officer Charles, and Officer Proehl were escorting Inmate Whitford to the shower. During the process of placing the wrist restraints on Inmate Whitford he tried to pull away and make it difficult for me to place the wrist restraints. After placing the wrist restraints on Inmate Whitford and opening the cell door Sergeant Coughlin and myself both placed hands on the back of Inmate Whitford's arms to escort him to the shower with Officer Proehl behind us as Inmate Whitford is a three to one escort inmate. During the walk over to the showers Inmate Whitford was being unruly with his words towards myself saying "ease the fuck up man," "you always grab so hard man," "what you think you are tough and cool just because you have a fucking badge?," during which Inmate Whitford tried to pull out of my grasp. I, Officer Charles, replied; "I am not grabbing hard I am simply maintaining control, do not pull away from me, if you pull away I have to grip harder." It should be noted that I, Officer Charles, maintain a controlled grip on inmates at all times but never excessive. It should also be noted I, Officer Charles, am more cautious with Inmate Whitford as I have had him try to escape my grasp multiple times in the past and have had issues with him threatening me. Once Inmate Whitford was in the shower I, Officer Charles, began to lock the shower door padlock. During the time it took me to get the padlock shut Inmate Whitford said; "You need to ease up and stop being a super cop or I'm going to have to do something about it." I, Officer Charles, replied; "you haven't done anything in the past, your not going to do anything now, take it easy and knock it off." Inmate Whitford then replied; "Oh yea?," and proceeded to spit multiple times in my face some of which got in my mouth and in my right eye and some of the spray got onto Officer Proehl's face. I, Officer Charles, maintained my calm composure while Inmate Whitford spit in my face and continued to secure the padlock. I, Officer Charles, did not say a word to Inmate Whitford and proceeded to tell Sergeant Coughlin then immediately left the block to clean my mouth and face in the bathroom. I, Officer Charles, then went to a different block to help that block finish showers then proceeded to go to Deer Lodge Medical Center with Officer Proehl to get evaluated as soon as two OJT Officers showed up to the unit to relieve us. End Of Report.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Proehl, David	
Staff	Charles, Nathaniel	
Staff	Coughlin, Brett	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Charles, Nathaniel

Reporting Staff: Charles, Nathaniel

Title: Correctional Officer

Signature: [Signature]

Date: 03/10/19

Notes

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford, M #3015941 Bodily Fluid Assault

Statement #: 23893

Incident Date: 03/10/2019

Incident Time: 07:15 AM

Statement Date: 03/10/2019

Jurisdiction: Montana State Prison

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Reviewed and Distributed
with write up

Supervisor Name:

D. Hansen

Title:

SSGT

Signature:

D. Hansen

Date:

3-10-19**Routing List (Place an X next to those this report will be distributed to):**

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input checked="" type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input checked="" type="checkbox"/> Command Post	<input checked="" type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input checked="" type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this Incident will be collected and combined into a single Incident report.

LOCKED HOUSING Plan Review

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 2/25/2019

Housing Unit: LHU1 ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: [Click here to enter a date.](#)Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☒ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 5

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☒ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☐ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for Max placement on 12/6/2017. Whitford's Most recent disciplinary hearing was on 2/19/2019 for 4235, 4213. Due to this hearing being found guilty the LHU-UMT has restarted him on his current level. Whitford's LHU-plan is to complete levels 1-5. To move up in the level system he will need to maintain clear conduct, if he does not keep clear conduct the LHU-UMT may restart, move back, or extend the levels. Whiteford restarted level 1 on 2/17/2019. He will be eligible for level 2 on 4/17/2019, and general population on 10/17/2020. Whitford's special housing needs were reviewed this review period and the LHU-UMT has decided to make no changes at this time. This plan will be reviewed with inmate Whitford on a monthly basis.

I *Whitford* refuse to participate in my locked housing status review.

I *Whitford* have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: *ST: Peoples*

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Makayee Yapee ID # 3015941
Last name First Name
Date: 02/17/19 Time: 2100 Place of Incident: LHUI
Room/Cell: LE6 Housing Unit: E Block LHUI Job Assignment: 9999 unassigned
Infraction Number(s) & Name(s) 4235 - Threatening staff
4213 - Refusing a direct order

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time, I c/o Chambers was attempting to retrieve a tablet from Ym Whitford. I directed him to turn over the tablet and he told me to "get the fuck off his porch, he still had 10 minutes". I told him that he was interfering with count and he told me that he was going to "blow my face off in a minute". I then closed his food hatch and walked away.

REPORTING STAFF MEMBER: _____

Supervisor Review: _____

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

H. J. J. 2/17/19 Thomas W. J. 2/19/19
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 2/19/19 Time: 1115 hrs. Place: LHUI
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete Witness Request form.
- Other pertinent notations: Agreement - \$25.00 fine

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

J. Klanecky 2/19/19 unable to sign
(Staff Signature) (Date & Time) (Inmate's Signature/ID #)
due to BMT

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford, Makueeyapee ID #: 3015941Date: 2/19/19 Time: 1115 Housing Unit: LHU1Infraction Number(s) and Description: 4235 - threatening; 4213 - Ref. an order☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** \$25.00 fine*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*Inmate Signature: unable to sign due to BUP Date: 2/19/19☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team: B. Klanecky Date: 2/19/19Administrative Review Signature: [Signature] Date: 2/20/19Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)
Revised: December 2014EXHIBIT D
EXHIBIT D

Klanecky, Christine

From: Garland, Amie
Sent: Tuesday, February 19, 2019 8:48 AM
To: Walsted, Carrie; Klanecky, Christine
Subject: FW: whitford

FYI....Not sure if the tablet piece was included in the write up. Just thought it was some good information for the sanction portion.

From: Ramirez, Daniel
Sent: Sunday, February 17, 2019 9:48 PM
To: Garland, Amie <AGarland@mt.gov>; Coughlin, Brett <BCoughlin@mt.gov>; Peoples, Nathan <NPeoples@mt.gov>; Cook, Nick <NCook@mt.gov>; Pica, Marcos <Marcos.Pica@mt.gov>
Subject: whitford

FYI,

Whitford received a write up for threatening / refusing direct order right at end of shift pretty much ... LT jamieson instructed us to leave Whitford where he currently is housed at this time. Whitford refused to give up his tablet and then threatened officer chambers during tablet pick up.

Thanks,
Ramirez

LOCKED HOUSING Plan

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 1/31/2019

Housing Unit: LHU1 ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☒ Yes ☐ No BMP Clearance Date: 3/22/2018Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☒ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 5

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☒ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA Classification & Placement Office
☐ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for Max placement on 12/6/2017. Whitford's Most recent disciplinary hearing was on 1/11/2019 for 4212. Also, on 1/10/2019(X6), 1/7/2019, and 1/4/2019 for 4111, 4210(X3), 4213, 4236, 4228, 4212, 4220(X2), 4224. Due to this hearing being found guilty the LHU-UMT has restarted him on his current level. The LHU-UMT has also decided to extend his plan to include level 5. Due to being warned that if his behaviors continue the LHU-UMT was looking at extending his levels. Whitford's LHU-plan is levels 1-5. To move up in the level system he will need to maintain clear conduct, if he does not keep clear conduct the LHU-UMT can restart, move back, or extend the levels. Whitford restarted level 1 on 1/28/2019. He will be eligible for level 2 on 2/24/2019, and general population on 2/24/2020. Whitford's special housing needs were reviewed this review period and the LHU-UMT has decided to make no changes at this time. This plan will be reviewed with inmate Whitford on a monthly basis.

I Refused to sign ST: peoples refuse to participate in my locked housing status review.

I _____ have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: ST: peoples

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

RECEIVED BY *E*

JAN 09 2019

DISCIPLINARY

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whiteford Last name Makueeyapee First Name ID # 3015941
Date: 1-8-19 Time: 0725 Place of Incident: LHU1 Lower A block
Room/Cell: LAT Housing Unit: LHU1 Job Assignment: 99999
Infraction Number(s) & Name(s) 4213 - Refusing to obey direct order
4236 - Manipulating housing assignment

Staff Witness: 1. Sgt. Cook Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time the above named offender refused to uncover his window or respond to staff. Whiteford refused to move from his cell when told by staff.

REPORTING STAFF MEMBER:

Jo Hempstead
(Print Name)

Jo Anna Hyster
(Sign Name)

Supervisor Review:

Nick Cook
(Print Name)

Shirley Cook
(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: currently on detention status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSB Williams
(Shift Supervisor's Signature)

1/8/19
(Date)

(Warden or Designee Signature)

1/8/19
(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/10/19 Time: _____ hrs. Place: LHU1
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

Myra
(Staff Signature)

1-10-19
(Date & Time)

Refused to Sign
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford Makuseyapee ID # 3015941 Date: 1-10-19
Infraction Number(s) & Name(s) 4213-Refusing a direct order + 4236 refusing housing
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: _____
Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: Offender refused to sign or attend hearing

Evidence Provided: Infraction Report

Findings: ☐ Guilty of # 4213+4236 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refer to UMT

Reason(s) for findings: Offender refused a direct order to uncover his windows + refused to move from his cell

Thomas Wilson 1-10-19
ADMINISTRATIVE REVIEW / DATE

Carrie Walsted
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Offender Refused to sign or attend hearing

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Witford, Makueeyapee ID # 3015941Date: 1-8-19 Time: 0730 Place of Incident: LHU-1 LA-7Room/Cell: LA-7 Housing Unit: LHU-1 Job Assignment: UNassigned 99999Infraction Number(s) & Name(s): #4212 Willfully tampering with, damaging or blocking a locking device, fence door, gate, window or other safety device.
#4220 Intentionally obstructing, hindering or impeding staff.Staff Witness: 1. CO Hemstead Other Inmates involved 1. _____
2. _____ 2. _____Description of Violation: (who, what, why, where, when and how): On 1-8-19 inmate Witford was given repeated direct orders to clear his window in LA-7 cell for security and safety concerns. He refused! The IPS Team was activated and they had to literally come to LA-7 Block and requested him to remove clothes from his window. Witford refused! The IPS Team had to gear up and go down and retrieve his clothing from his cell. Before the IPS went to his cell Witford cleared his window. Because of this incident the unit was clearly disrupted.REPORTING STAFF MEMBER: Nick Cook Mike Gull
(Print Name) (Sign Name)Supervisor Review: _____
(Print Name) (Sign Name)Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: currently on detention status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] 1/8/19 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/10/19 Time: _____ hrs. Place: LHU-1
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] 1-10-19 Refused to Sign
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford Makueyapee ID # 3015941 Date: 1-10-19Infraction Number(s) & Name(s) 4212-tampering w/locking device 4220-Obstructing☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____Inmate's Statement: Offender Refused to sign or AttendHearingEvidence Provided: Infraction ReportFindings: ☒ Guilty of # 4212 + 4220 ☐ Not Guilty of # _____Evidence Relied On: Infraction ReportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): Refer to UMTReason(s) for findings: Offender would not clear his window until IPS showed up + then he compliedThomas Wilson 1-10-19 ADMINISTRATIVE REVIEW / DATE Camee Walster DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: Offender Refused to sign Infraction

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

JAN 08 2019

DISCIPLINARY

Inmate Name: Whitford, Makueya pee ID # 3015947Date: 1-8-19 Last name: _____ First Name: _____Room/Cell: ISO-2 Housing Unit: LHU-1 Job Assignment: Unassigned 99999Infraction Number(s) & Name(s) 4709 4111 Assaulting any other person (staff, volunteers, visitors, vendors, member of the public, ect) to include causing body fluid (urine, feces, spit, semen, blood ect) to come in contact with anotherStaff Witness: 1. Mike Weist Other Inmates involved 1. _____
2. Co Ward 2. _____Description of Violation: (who, what, why, where, when and how): At approximately 12:45 while feeding Inmate Whitford his food, Lt. Officer Ward gave Inmate Whitford a cup of water. As soon as Whitford received his water he threw the cup of water in my direction hitting me in the face and front of my shirt.REPORTING STAFF MEMBER: Nick Cook Shib Cook
(Print Name) (Sign Name)Supervisor Review: _____
(Print Name) (Sign Name)Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: Currently on a Sec G

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Shib Cook 1/8/19 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/10/19 Time: _____ hrs. Place: LHU
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

Shib Cook 1-10-19 Refused to Sign
(Print Name) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makeleeyapee ID # 3015941 Date: 1-10-19

Infraction Number(s) & Name(s) 4111 - Assaulting another person

☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: Offender Refused to sign or attend

hearing

Evidence Provided: _____

Findings: ☒ Guilty of # 4111 Assault ☐ Not Guilty of # _____

Evidence Relied On: _____

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5+] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 11 Days Detention to run consecutively
with Disp from 01/02/19, Refer to UMT, END 01-28-19

Reason(s) for findings: Offender threw water in
a staff members face

Thomas W. Baker 1-10-19 Carrie Walstra
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Offender Refused to sign or Attend hearing

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

C

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whiteford MaRueegapae ID # 3015941
Last name First Name
Date: 1-8-19 Time: 0725 Place of Incident: LH01 lower A block
Room/Cell: LA-7 Housing Unit: 0730-LH01 Job Assignment: 99999
Infraction Number(s) & Name(s) 4228- Failure to obey written policy/operational procedure

Staff Witness: 1. _____
2. _____

Other Inmates involved 1. _____
2. _____

Description of Violation: (who, what, why, where, when and how): On above date & approx time
Inmate Whiteford MaRueegapae AO # 3015941 disobey the BMP
section G. policy. By not giving the stuff that he was not allowed to
have.

REPORTING STAFF MEMBER: CO Aaron Ward CO A. [Signature]
(Print Name) (Sign Name)

Supervisor Review: Nick Cook Phil Cook
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: currently on detention status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]
(Shift Supervisor's Signature)

1/8/19
(Date)

[Signature]
(Warden or Designee Signature)

1/1
(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 1/10/19 Time: _____ hrs. Place: LH01
2. I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
3. I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
4. Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
(Staff Signature)

1-10-19
(Date & Time)

Refused to Sign
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____DISCIPLINARY HEARING DECISIONMAJOR ☒MINOR ☐Inmate's Name: Whitford Makueyapee ID # 3015941 Date: 1-10-19Infraction Number(s) & Name(s) 4228-Failure to obey written policy☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____Inmate's Statement: Offender refused to sign + attendhearingEvidence Provided: Infraction ReportFindings: ☒ Guilty of # 4228 ☐ Not Guilty of # _____Evidence Relied On: Infraction ReportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3

(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refer to UNITReason(s) for findings: Offender refused to give uphis property to be put on a section GThomas Wilson 1-10-19 ADMINISTRATIVE REVIEW / DATECarrie Walster DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: Offender Refused to Sign Infraction

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 1/8/2019

Housing Unit: LHU1 ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) STGActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 3/22/2018Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☒ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 4

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☒ Spit Hood ☒ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☐ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for Max placement on 12/6/2017. Whitford's Most recent disciplinary hearing was on 12/26/2018 for 4212. Due to this hearing being found guilty the LHU-UMT has restarted him on his current level. The LHU-UMT has also decided to extend his plan to include level 4. Due to being warned that if his behaviors continue the LHU-UMT was looking at extending his levels. Whitford's LHU-plan is levels 1-4. To move up in the level system he will need to maintain clear conduct, if he does not keep clear conduct the LHU-UMT can restart, move back, or extend the levels. Whitford restarted level 1 on 12/24/2018 He will be eligible for level 2 on 2/24/2019, and general population on 2/24/2020. Whitford's special housing needs were reviewed this review period and the LHU-UMT has decided to make no changes at this time. This plan will be reviewed with inmate Whitford on a monthly basis.

I Refused to sign ST: Peoples refuse to participate in my locked housing status review.

I _____ have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: Peoples

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

RECEIVED BY E
JAN 08 2019

(Information and staff signatures on this form must be legible)

MAJOR ☒

MINOR ☐

DISCIPLINARY

Inmate Name: Whitford Last name Makveeyapee First Name ID # 3015941
Date: 1-7-19 Time: 1930 Place of Incident: LHU-1
Room/Cell: 447 Housing Unit: LHU-1 Job Assignment: 9999 Unassigned
Infraction Number(s) & Name(s)

4210-Damaging Facility property Flooding
4220-Intentionally impeding staff

Staff Witness: 1. Officer Fulmer Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time inmate whitford flooded LC-1 + LC-2 cells. I opened the plumbing chase and anytime either cell flushes all the water shoots into the plumbing chase. Several inmates had to be moved around in the unit because inmate whitford flooding C-Block.

REPORTING STAFF MEMBER:

Daniel Ramirez
(Print Name)

[Signature]
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement

☐ Release to Previous Status

☐ Other

Reason:

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]
(Shift Supervisor's Signature)

1/7/19
(Date)

[Signature]
(Warden or Designee Signature)

1/8/19
(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/10/19 Time: any hrs. Place: LHU1
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
(Staff Signature)

1-7-19
(Date & Time)

(Inmate's Signature / ID#)

I'm On Sec. @ No Reply
Refuse to acknowledge

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford Makueyapee ID # 3015941 Date: 01-10-19

Infraction Number(s) & Name(s) 4210 - Flooding 4220 - Impeding staff

☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: Offender refused to sign infraction or attend his hearing

Evidence Provided: Infraction Report

Findings: ☒ Guilty of # 4210 - Flooding 4220 - Impeding ☐ Not Guilty of # _____

Evidence Relied On: _____

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Fine \$21⁰⁰

Reason(s) for findings: Offender flooded his room and caused staff to move other inmates to other cells

Thomas Wilson 1-10-19 ADMINISTRATIVE REVIEW / DATE Carnie Walston DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Offender Refused to come to hearing

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

COMMAND POST/

SRB
Initial-Approved

Title: Whitford flooding

Statement #: 21379

Incident Date: 01/07/2019

Incident Time: 07:30 PM

Statement Date: 01/07/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/A/LOWER/7/LHU-1

Summary of Incident

On the above date and time inmate Whitford plugged up his toilet and caused the plumbing chases in both cells connected to that plumb chase to overflow. Whitford in LC-2 and inmate Baughn, H#3014967 in LC-1. Several in house moves had to be done to accommodate inmate Baughn due to him being in a wheelchair. Inmate Baughn in LC-1 told us that inmate Whitford was going to attempt to fight staff while being escorted to A-Block. While escorting inmate Whitford before cuffing him up he took his glasses off as someone might do if planning to get into a fight but Whitford complied through the escort to A-Block until being placed in LA-7. Whitford refused to give his state clothing and glasses for Sec. G BMP. Sgt. Ramirez notified Command Post and it was decided as Whitford was not suicidal to leave Whitford be in his state issue clothing and glasses due to not having IPS on shift.

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Offender - Whitford, Makueeyapee 3015941

Reporting Staff: Fulmer, Cameron

Title: Correctional Officer

Signature: *Cameron Fulmer*

Date: 1/7/19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed and distributed*Supervisor Name: *SSG Biltz*Title: *SSG*Signature: *[Signature]*Date: *1-7-19*

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford flooding	Statement #:	21379
Incident Date: 01/07/2019	Incident Time: 07:30 PM	Statement Date: 01/07/2019
Jurisdiction: Montana State Prison		

_____ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

RECEIVED BY E
JAN 08 2019

(Information and staff signatures on this form must be legible)

MAJOR ☒

MINOR ☐

DISCIPLINARY

Inmate Name: Whitford Last name Makvelypae First Name ID # 3015941
Date: 1-7-19 Time: 2:00 Place of Incident: LHU-1 LA-7
Room/Cell: LA-7 Housing Unit: LHU-1 Job Assignment: 9999 UNASSIGNED
Infraction Number(s) & Name(s)

4210 - Damaging Facility property

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time while counting on A-Block inmate whitford asked me what about my cloths? Whitford refused to give his glasses and cloths to staff after going Sec. 6 BNP and it was decided to leave it with him due to not being suicidal by Command Post. Inmate whitford then showed me he ripped his pants up and stuffed them down his toilet to cause LA8 to flood like he did on C-Block LC2 + LC1 cells

REPORTING STAFF MEMBER: Daniel Ramirez (Print Name) [Signature] (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
Reason: Currently on detention

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] (Shift Supervisor's Signature) 1/7/19 (Date) [Signature] (Warden or Designee Signature) 1/7/19 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: _____
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makuee yapee ID # 3015941 Date: 01-10-19

Infraction Number(s) & Name(s) 4210 - Damaging Facility property

☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: Offender refused to attend hearing

Evidence Provided: Infraction Report

Findings: ☒ Guilty of # 4210 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3

(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$8 Restitution

Reason(s) for findings: Offender ripped his scrub bottoms

Thomas Walster 1-10-19 Carrie Walster
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Offender Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

MSP Incident Report for BMP Activation

- Inmate: Whitford, Makueeyapee 3015941 Max
Name AO/ID number Classification

1. Location: LHU-1 ☒ cellblock: LA-7
3. Is this inmate on the current BMP clearance list? YES: NO: **x**

Start date: 1-7-19 End Date: 1-8-19

If not on BMP clearance list initiate a section G.

4. Date and time of incident: 1-7-19
5. Nature of incident:
☐ Inmate-on-inmate assault ☐ Inmate-on-staff assault ☒ Flooding cell [X]
☐ Destruction of state property ☐ threatening self-harm

Inmate plugged plumbing chases and flooded C-Block cells

Use of force required? ☐ YES ☒ NO

If use of force was required was it ☐ Emergent ☐ Calculated
(for details refer to Use of Force Incident Reports)

7. Name of the Command Post staff member who was contacted regarding plan activation:
LT Jamieson Time this person was contacted 1600

8. Placement: LA-7
☐ Safety Management Cell-I

9. Did the Shift Commander notify the on-call mental health professional and Warden or Duty Officer? X Yes: NO: approved by Mental Health Staff

Sgt. Ramirez 1-7-19
Staff Member Date

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

JAN 08 2019

DISCIPLINARY

Inmate Name: Whitford Last name MaKueeYapee First Name ID # 3015941

Date: 1-7-19 Time: 2230 Place of Incident: LHU-1 LA-7
Room/Cell: LA-7 Housing Unit: LHU-1 Job Assignment: _____

Infraction Number(s) & Name(s) 4212 - willfully tampering with, damaging or blocking a locking device, fence, door, gate, window.
4213 - Refusing to immediately obey a verbal "direct" order/command from any staff member

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time, I (A Bowman) was conducting a walkthrough and noticed I/m Whitford Ab #3015941 had his window covered with his security blanket. I then gave I/m Whitford a direct order to take it down and he did not respond. E.O.R.

REPORTING STAFF MEMBER: A Bowman (Print Name) A Bowman (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☒ Other
Reason: Currently on Sec G

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 01/15/19 Time: _____ hrs. Place: _____
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

(Date & Time)

(Inmate's Signature - ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY HEARING DECISION

MAJOR ☒MINOR ☐

Inmate's Name: Whitford Makueyapee ID # 3015941 Date: 01-11-19
Infraction Number(s) & Name(s) 4212 - Tampering w/locking device 4213 - Refusing direct
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: Offender refused to sign

Evidence Provided: Infraction Report

Findings: ☒ Guilty of # 4212 + 4213 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refer to UMT already has 28 days detention

Reason(s) for findings: Offender had window covered and refused to take it down

Thomas Wilson 1/14/19 Carrie Walsted
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Offender Refused to sign

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

RECEIVED BY

JAN 03 2019

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: MSP**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

DISCIPLINARY

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

Inmate Name:

Whitford

MAKUEYA PEE

ID #

3015941

315941

Last name

First Name

Date: 01/02/19

Time: 1200

Place of Incident: LHU1

Room/Cell: U85

Housing Unit:

Job Assignment:

Infraction Number(s) & Name(s)

4216 Destroying or damaging facility property

Staff Witness: 1.

SGT Goughlin

Other Inmates involved 1.

2.

2.

Description of Violation: (who, what, why, where, when and how):

On the above date and time I C.O. Ballosci was serving Yon Whitford a write up. He read the write up, said "I am not signing this shit" and flushed the entire write up.

REPORTING STAFF MEMBER:

Ballosci

(Print Name)

Supervisor Review:

Sgt. Goughlin

(Print Name)

(Sign Name)

(Sign Name)

Inmate Status:

☐ Pre-Hearing Confinement☒ Release to Previous Status☐ Other

Reason:

Not an immediate threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

1/2/19

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/19/19 Time: 10:54 hrs. Place: x Unable to Sign RH
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations:

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford, MakueeyapeeID #: 3015941Date: 1 / 7 / 19Time: 10:54Housing Unit: LHU1Infraction Number(s) and Description: 4210 - Destroying or damaging facility property☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** 15 days detention, one 5 day (end 1-17-19), refer to UMT*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*Inmate Signature: Unable to SignDate: 1 / 7 / 19☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____ / ____ / ____

☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*

Inmate Signature: _____ Date: ____ / ____ / ____

Officer/Witness Signature: _____ Date: ____ / ____ / ____

Disciplinary Hearing Officer/Unit Disciplinary Team LHU1 RD Date: 1 / 7 / 19Administrative Review Signature: Thomas Wilson Date: 1 / 7 / 19Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)
Revised: December 2014EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford flushed write-up

Statement #: 21187

Incident Date: 01/02/2019

Incident Time: 12:00 PM

Statement Date: 01/02/2019

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/B/UPPER/5

Summary of Incident

On the above day and approximate time I, Sgt. Coughlin was on B-Block putting an inmate away returning from his hearing. I was told from C/O Bellusci that I/M Whitford, M. #3015941 had flushed a write-up that he was serving. I advised C/O Bellusci to write him up again for destruction of state property.

EOR

Involved Persons

Category	Person	Narrative
Staff	Bellusci, George	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Coughlin, Brett

Reporting Staff: Coughlin, Brett

Title: Correctional Officer Sgt

Signature:

Date: 1.2.19

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: _____

Title: _____

Signature: _____

Date: _____

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☐MINOR ☐

Inmate Name: Whitford, Makueyaper ID # 3015941
Last name First Name

Date: 1/11/19 Time: 2050 Place of Incident: LCH 1

Room/Cell: UFL6 Housing Unit: LCH 1 Job Assignment: 801 Labor pool

Infraction Number(s) & Name(s) 4224. Deliberate use of an authorized medication, including unauthorized possession of other individual's medication

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On above time and date, I Cl Brown was escorting the nurse on jail pass. As stopped at UFL6 Whitford asked me to take a small package to Nerguay Curry as it was his birthday. I left the block and went to the SAT's office and opened the package. It contained several small pills and a note.

EOR

REPORTING STAFF MEMBER: Robert Brown Randy Brian
(Print Name) (Sign Name)

Supervisor Review: Sgt Pica Sgt Pica
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: Not an immediate threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG Decker 1/11/19 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/14/19 Time: 1000 Place: CH 1
- I understand the charge(s)? ☐ Yes ☒ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

G. Klanecky 1/2/19/1050 Destroyed by inmate
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

*Original destroyed by inmate # CK

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford Makueeyapee ID # 3015941 Date: 01-04-19

Infraction Number(s) & Name(s) 4224 - Deliberate misuse of medication

☐ I DO UNDERSTAND THE VIOLATION

☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty

☐ Not Guilty

☒ Other:

Refused to sign infraction

Inmate's Statement:

Report

Evidence Provided: Infraction Report

Findings: ☒ Guilty of # 4224

☐ Not Guilty of # _____

Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Fine \$21⁰⁰

Reason(s) for findings:

Offender was trying to give another offender pills

ADMINISTRATIVE REVIEW / DATE

1.7.19

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

Carmi Walsted

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#:

Refused to sign write up

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Mahueegapee ID # 3015941
Last Name First Name
Date: 12-24-18 Time: 2255 Place of Incident: LHU 1
Room/Cell: 4F6 Housing Unit: LHU 1 Job Assignment: Unassigned
Infraction Number(s) & Name(s) 4212- Will Fully tampering with, damaging or blocking a locking device.

Staff Witness: 1. 90 Turner
2. _____

Other Inmates involved 1. _____

2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time I 90 Turner was conducting a walk through on the F-Block and heard in Whitford #3015941 kicking his door and seen that he had his window covered. I stopped at his door and asked if he wanted him to take down the cover Manila envelopes off his window and he told me "Fuck You Man." I asked why he had it covered and he said that the noise on the block was because all the Bitches on this block were to shut up and they need to be taken off my block." I told him I would notify Command Post FOR

REPORTING STAFF MEMBER:

L. Turner

(Print Name)

[Signature]

(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement☒ Release to Previous Status☐ OtherReason: Lack of TL beds

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]

(Shift Supervisor's Signature)

12/25/18

(Date)

(Warden or Designee Signature)

1/1

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: _____
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford Makueyapee ID #: 3015941Date: 12/26/18 Time: 1010 Housing Unit: LHU1Infraction Number(s) and Description: 4212-Willfully tampering w/locking device☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 10+
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanctions: 10 days restricted activity / yard until 01-05-19

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature: [Signature] Date: 12/26/18☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:**I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend.
(S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team Carrie Walster Date: 12/26/18Administrative Review Signature: Thomas Wilson Date: 11/23/18

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐RECEIVED BY
NOV 29 2018
DISCIPLINARY

Inmate Name: Whitford Last name MaVeeyapee First Name ID # 3015941
 Date: 11/28/18 Time: 1240 Place of Incident: LH-U-1 F block
 Room/Cell: UFB Housing Unit: LH-U-1 Job Assignment: 99999 Unassigned
 Infraction Number(s) & Name(s) 4235 - Threatening Staff
4211 - Assault on staff

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approx. time while I % Jones was collecting trays from F block I'm Whitford, I Threw his tray out of his food tray slot after I % Jones opened it I % Jones then tried to slam the food hatch shut to prevent I'm Whitford, I from reaching out at me while all of this was happening he was saying things like "Fuck you, you stupid pussy" "wait till I'm on the mainline I'll get you" "you stupid bitch" FOR

REPORTING STAFF MEMBER: % Jones (Print Name) _____ (Sign Name) _____
 Supervisor Review: Sgt. Coughlin (Print Name) _____ (Sign Name) _____
 Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
 Reason: currently on detention status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] (Shift Supervisor's Signature) 11/28/18 (Date) [Signature] (Warden or Designee Signature) 1 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 12-7-18 Time: any Place: LH-U-1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] (Staff Signature) 12-6-18/11:15 (Date & Time) [Signature] (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☐Waiver to Attend Hearing ☐Refusal to Attend Hearing ☒Inmate Name: Whitford, Makueeyapee ID #: 3015941Date: 12/7/18 Time: 1100 Housing Unit: LH41Infraction Number(s) and Description: 4235 - threatening; 4111 - Assault☐ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** _____*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*

Inmate Signature: _____ Date: ____/____/____

☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☒ **Refusal to Attend Disciplinary Hearing:***I told Inmate Whitford that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: On the above date and time I go to prison went to I/m Whitford's cell and asked if he wanted to go to his Disciplinary hearing he refused to go.*Inmate Signature: Refused Date: ____/____/____Officer/Witness Signature: [Signature] Date: 12/7/18Disciplinary Hearing Officer/Unit Disciplinary Team: [Signature] Date: 12/7/18

Administrative Review Signature: _____ Date: ____/____/____

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)
Revised: December 2014EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒ MINOR ☐
Inmate's Name: Whitford, Makueyapa ID# 305941 Date: 12-7-18
Infraction Number(s) & Name(s) 4235-threatening; 4111-Assault
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to attend hearing
Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4108(4111)/4235 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refer to unit

Reason(s) for findings:

offender threw a food tray at staff & threatened staff. offender refused to attend hearing.

Thomas Wilson 12/10/18
ADMINISTRATIVE REVIEW / DATE

A. Kleaneky 12-7-18
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐

CONTRACT FACILITY: _____

RECEIVED BY 

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

NOV 28 2018

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

DISCIPLINARY

Inmate Name: Whitford Last Name M First Name ID # 3015941
 Date: 11/27/18 Time: 0630 Place of Incident: LHUI YARD
 Room/Cell: UFC Housing Unit: LHUI Job Assignment: 9999
 Infraction Number(s) & Name(s) 4104 - ASSAULTING ANOTHER INMATE

Staff Witness: 1. _____
 2. _____

Other Inmates involved 1. GARDNER
 2. HENDERSON

Description of Violation: (who, what, why, where, when and how): ON THE ABOVE DATE AND TIME I CO JONES, I WAS STANDING YARD AFTER THE OFFICERS LEFT CAME TO THE BACK OF THE CELL STARTED TO TALK TO HENDERSON AND GARDNER & LOOKED OVER & SAID SOME THINGS AND THEN INMATE WHITFORD TURNED TO GARDNER AND SPIT ON HIM AND TRIED TO SPIT ON HENDERSON, THEN TURN BACK TO GARDNER AND SPIT ON GARDNER A FEW MORE TIMES.

REPORTING STAFF MEMBER: TRAVIS JONES (Print Name) [Signature] (Sign Name)

Supervisor Review: NICK COLE (Print Name) [Signature] (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other
 Reason: Security threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)
[Signature] (Shift Supervisor's Signature) 11/27/18 (Date) [Signature] (Warden or Designee Signature) 11/28/18 (Date)

NOTICE OF HEARING/PREHEARING ACTION			
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.			
1. Hearing Date: <u>11/30/18</u>	Time: <u>AM</u> hrs.	Place: <u>LHUI</u>	
2. I understand the charge(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, verbally explain the charge(s) to the inmate).			
3. I waive my right to a hearing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if yes, have inmate sign an Agreement/Waiver/Refusal form)			
4. Present evidence and witnesses on my behalf <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If inmate has witnesses, have him/her complete a Witness Request form			
5. Other pertinent notations: <u>to take to the next court meeting</u>			
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.			
<u>[Signature]</u> (Staff Signature)	<u>11/27/18</u> (Date & Time)	<u>[Signature]</u> (Inmate's Signature / ID#)	<u>1250</u>

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford, Makueeyapo ID# 3015941 Date: 11.29.18
Infraction Number(s) & Name(s) 4104 - Assault
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to attend hearing
Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4104 ☐ Not Guilty of # ____
Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 25 day detention, w/ 2 days
ENR 12.23.18

Refused Investigations

Reason(s) for findings:

Offender assaulted another inmate w/ body fluids. Offender refused to attend hearing.

ADMINISTRATIVE REVIEW / DATE

Thomas Wilson 11.29.18

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

B. LaPlante 11.29.18

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#:

Refused

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☐Waiver to Attend Hearing ☐Refusal to Attend Hearing ☒Inmate Name: Whitford, Makueeyapee ID #: 3015941Date: 11/29/18 Time: 1135 Housing Unit: LHU1Infraction Number(s) and Description: 4104-Assault; 4202-Threatening
4208-Insolence☐ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** _____

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☒ **Refusal to Attend Disciplinary Hearing:**

I told Inmate Whitford that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: Inmate said "I don't go to hearings."

Inmate Signature: Refused Date: ____/____/____Officer/Witness Signature: [Signature] Date: 11/29/18Disciplinary Hearing Officer/Unit Disciplinary Team [Signature] Date: 11/29/18

Administrative Review Signature: _____ Date: ____/____/____

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)
Revised: December 2014EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

NOV 26 2018

DISCIPLINARY

Inmate Name: Whitford Last name MaKueeyapee First Name ID # 3015941
 Date: 11/22/18 Time: 0900 Place of Incident: LHV-1 LF-3
 Room/Cell: LF-3 Housing Unit: LHV-1 Job Assignment: _____
 Infraction Number(s) & Name(s) 4202 - Threatening another Inmate
4208 - Insolence

Staff Witness: 1. _____ Other Inmates involved 1. _____
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approx time while I % Jones was on F block moving another I/m from LF-3 to SMC1 I/m Whitford, M AO# 3015941 was yelling at the I/m I was escorting telling him things such as "Get the fuck off my block" "don't you ever come back" "you fucking pussy" I % Jones found this threatening to the I/m I was escorting
FOR

REPORTING STAFF MEMBER: % JonesSupervisor Review: Sgt Brett Coughlin

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
 Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this report and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 11/27/18 Time: any Place: CHU
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate)
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: request - he would like an agreement

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford, Makueyapo # 3015941 Date: 11-29-18
Infraction Number(s) & Name(s) 4202-Threatening; 4208-Insolence
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to attend
Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4202/4208 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Refused to unit

Reason(s) for findings:

Offender threatened another inmate causing alarm in staff

Thomas White 11-29-18
ADMINISTRATIVE REVIEW / DATE

B. Slattery 11/29/18
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL
Inmate's Signature / ID# Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 10/29/2018

Housing Unit: LHU1 ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) NoneActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 3/22/2018Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☒ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 3

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☐ Spit Hood ☐ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☐ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for Max placement on 12/6/2017. Whitford's Most recent disciplinary hearing was on 10/22/2018 for 4235: Threatened to "slap the shit" out of the unit manager. Due to this hearing being found guilty the LHU-UMT has restarted him on his current level. His LHU-Plan is levels 1-3. To move up in the level system he will need to maintain clear conduct, if he does not keep clear conduct the LHU-UMT can restart, move back, or extend the levels. Whiteford restarted level 1 on 10/18/2018 He will be eligible for level 2 on 12/18/2018, and general population on 5/18/2019. While doing inmate Whiteford's 30-day review. Whiteford requested that his separation need be removed at this time. Separation need were placed by administration. An investigation will be done to review his separation needs. This plan will be reviewed with inmate Whitford on a monthly basis.

I Whitford, Makueeyapee refuse to participate in my locked housing status review.

I Whitford, Makueeyapee have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit/ST: ST: peoples

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒

MINOR ☐

UFL6
RECEIVED BY
OCT 19 2018
DISCIPLINARY

Inmate Name: Willard, Makoonapee ID # 3015941
Last name First Name
Date: 10-18-18 Time: 11:00 Place of Incident: UFL6
Room/Cell: UFL6 Housing Unit: UFL6 Job Assignment: Unassigned
Infraction Number(s) & Name(s): 4235 - Harassing Staff

Staff Witness: 1. [Signature] Other Inmates involved 1. _____
2. [Signature] 2. _____

Description of Violation: (who, what, why, where, when and how):

On the charge date
and time while on F-Block speaking to another
inmate [Signature] and began speaking at me over
the fence of the block. [Signature] stated "You
think you own this building. I will show you I
own this building. I will step the hell out
of your you know." He appeared to be serious
and I walked off the block.

REPORTING STAFF MEMBER:

[Signature] (Print Name) [Signature] (Sign Name)

Supervisor Review:

(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason:

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]
(Shift Supervisor's Signature)

10/18/18
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10-22-18 Time: any Place: UFL6
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations:

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
(Staff Signature)

10/19/18
(Date & Time)

[Signature]
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyapa ID# 301594 Date: 10.22.18

Infraction Number(s) & Name(s) 4235 - threatening

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Waived hearing

Inmate's Statement: _____

Evidence Provided: info action report

Findings: ☒ Guilty of # 4235 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3

(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 15 days detention, ss 90 days

Reason(s) for findings: Offender threatened to harm staff. Offender waived hearing.

ADMINISTRATIVE REVIEW / DATE Thomas A. Sidor 10/22/18 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM B. Slaybake 10.22.18

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Waived

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 10/1/2018

Housing Unit: LHU1 ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) NoneActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 3/22/2018Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 3

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☒ Spit Hood ☐ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA Office
☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for Max placement on 12/6/2017. Whitford's Most recent disciplinary hearing was on 9/27/2018 for 4216, 4208: Refusing to stand for count and using profanity toward staff. Due to this hearing being found guilty the LHU-UMT has restarted him on his current level. His LHU-Plan is levels 1-3. To move up in the level system he will need to maintain clear conduct, if he does not keep clear conduct the LHU-UMT can restart, move back, or extend the levels. Whitford restarted level 1 on 9/24/2018 He will be eligible for level 2 on 11/24/2018, and general population on 4/24/2019. This plan will be reviewed with inmate Whitford on a monthly basis.

I ST: Peoples / CM Lewis refuse to participate in my locked housing status review.

I _____ have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: Peoples

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

UFI
RECEIVED BY
SEP 25 2018
DISCIPLINARY

Inmate Name: WHITFORD MAHUREYAPPE ID # 3015941
Last name First Name
Date: 9-24-18 Time: 1745 Place of Incident: UFI LHW1
Room/Cell: UFI Housing Unit: LHW2 Job Assignment: 99999 UNASSIGNED
Infraction Number(s) & Name(s) 4303
4216 INFRACTIONAL WITH COURT ON FATHING TO STAND FOR COURT.
4208 INSOLVENCE: DISRESPECT IN THE FORM OF PROFANE
OBSCENE OR ABUSIVE LANGUAGE.

Staff Witness: 1. N/A Other Inmates involved 1. N/A
2. N/A 2. N/A

Description of Violation: (who, what, why, where, when and how): WHILE CONDUCTING THE 1800 COUNT
INMATE WHITFORD WAS IN HIS BED FULLY COVERED HEAD TO TOE, EVEN THRU
THOUGH I ANNOUNCED LOUDLY "COUNT TIME, LIGHTS ON, STAND UP" WHEN WE ENTERED
THE BLOCK, I STOOD AT THE CELL DOOR AND COULD NOT OBSERVE ANY MOVEMENT
UNDER THE BLANKET. I TAPPED ON THE DOOR WITH MY FLASHLIGHT AND CALL BY NAME
TO WHITFORD TO STAND UP. AT FIRST HE MOVED. THEN HE SAT UP AND LOOKED
AT ME FROM THE BED. WHEN I SAID "COUNT TIME, STAND UP!" WHITFORD SAID
REPLIED "SUCH MY COCK" THE LAY DOWN, TURNED OVER AND COVER HIMSELF UP
WITH THE BLANKET AGAIN. END OF REPORT.

REPORTING STAFF MEMBER: SGT HATCHER SGT HATCHER
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

9/24/18

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/1/18 Time: _____ hrs. Place: _____
- I understand the charge(s)? ☐ Yes ☒ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Refused

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

G. Hatcher
(Staff Signature)

9-27-18/1125
(Date & Time)

Refused
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford, Makueeyapee ³⁰¹⁵⁹⁴¹ Date: 9.27.18
Infraction Number(s) & Name(s) 4216-Int. w/ Court; 4208-Insolence
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: _____
Reason: _____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to be sewed
Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4216/4208 ☐ Not Guilty of # _____
Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$21.00 fine

Reason(s) for findings:

offender refused to stand for court & used profanity toward staff.
Offender refused to be sewed-hearing held w/out him per policy.
Shomaru 9.27.18 A. Slaughter 9.27.18

ADMINISTRATIVE REVIEW / DATE

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

WT
RECEIVED BY
SEP 21 2018
DISCIPLINARY

Inmate Name: WHITFORD MAHUEEY APEE ID # 3015941
Last name First Name
Date: 9-20-18 Time: 1737 Place of Incident: UFI LHU1
Room/Cell: UFI Housing Unit: LHU1 Job Assignment: 99999 UNASSIGNED
Infraction Number(s) & Name(s) 4216 INTERFERING WITH THE TAKING OF COUNT / FAILED
TO STAND FOR COUNT

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. N/A 2. N/A

Description of Violation: (who, what, why, where, when and how): DURING THE 1800 COUNT
INMATE WHITFORD WAS IN HIS BED AND APPEARED TO BE SLEEPING. I CALLED HIM
BY NAME FOUR TIMES, KNOCKED ON THE DOOR WINDOW AND FINALLY LIGHTLY KNOCKED THE DOOR
TO HE TURNED OVER AND SAT UP. HE TOOK THE EAR BUD OUT OF ONE EAR AND
ASK WHAT I WANTED. I STATED IT'S COUNT TIME. HE CONTINUED TO SIT UP ON
HIS BED AND SAID "YOU ONLY HAVE TO SEE ME MOVE". HE THEN TURNED OVER & COVERED
HIS HEAD.
PER LHU1 MAX LEVEL 1 & 2 AND MSP PROCEDURE INMATES IN LHU1 ARE REQUIRED
TO STAND AT THEIR DOOR WINDOW WITH THE LIGHT ON FOR THE OFFICIAL 1800 AND 2000
COUNTS. END OF REPORT.

REPORTING STAFF MEMBER: Sgt HOTCHKISS [Signature]
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] 9/20/18 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 9/26/18 Time: any hrs. Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Refused to be served

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] 9/24/18/0950 Refused
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford, Makueyaper ID # 3015941 Date: 9.24.18
Infraction Number(s) & Name(s) 4216 - Inter. w/ court
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: _____
Reason: _____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to sign
Inmate's Statement: infraction

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4216 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$21.00 fine

Reason(s) for findings:

offender refused to stand for court. Offender refused to sign infraction - hearing held w/out him per policy.

Shamara Wilson 7.24.18

ADMINISTRATIVE REVIEW / DATE

Edley Miller 9.24.18

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

RECEIVED BY
AUG 14 2018
DISCIPLINARY

MAJOR ☒ MINOR ☐
Inmate Name: Whitford makueyaree ID # 3015941
Last name First Name
Date: 08/13/18 Time: 0640 Place of Incident: LHu-1
Room/Cell: UE-2 Housing Unit: LHu-1 Job Assignment: ggg-unassigned
Infraction Number(s) & Name(s) 4235! Threatening any other person to include staff, verbal statements or engaging in physical conduct causing fear in another person.

Staff Witness: 1. _____ Other Inmates involved 1. N/A
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time I, officer Charles, was putting I/m whitford down to go to yard. I/m whitford kept squirming and moving in a way that impedes my pat search so I, officer Charles, responded "stop, quit screwing around." I, officer Charles, proceeded to hands on escort I/m whitford to yard, in which he continued squirming and started pulling away from my grip. I, officer Charles, tightened my grip and gave a direct order not to pull away from me. I/m whitford then turned around closing space between us so we were face to face and started yelling things such as: "Punk," "gitch," "who the fuck do you think you are?" I/m whitford after intimidating myself, officer Charles, said "Bring me back to my cell, fuck this, you think your tough?" I, officer Charles, escorted with hands on back to I/m whitford's cell in which case he refused to get his attempts of intimidation. After getting I/m whitford in his cell and taking his cuffs off he threw a closed fist punch at myself, officer Charles, before I REPORTING STAFF MEMBER: recharles

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: THREAT TO SECURITY

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident number reports, etc.)

SSG Hansen 8/13/18 [Signature] 8/14/18
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

ON OR BEFORE NOTICE OF HEARING/PREHEARING ACTION			
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.			
1. Hearing Date: <u>8/16/18</u>	Time: <u>ANY</u> hrs.	Place: <u>LHu-1</u>	
2. I understand the charge(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, verbally explain the charge(s) to the inmate).			
3. I waive my right to a hearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, have inmate sign an Agreement/Waiver/Refusal form)			
4. Present evidence and witnesses on my behalf: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If inmate has witnesses, have him/her complete a Witness Request form			
5. Other pertinent notations: _____			
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.			
<u>[Signature]</u>	<u>8-13-18-1601</u>	<u>[Signature]</u>	
(Staff Signature)	(Date & Time)	(Inmate's Signature / ID#)	

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☐Waiver to Attend Hearing ☐Refusal to Attend Hearing ☒Inmate Name: Whitford, MakueeyapeeID #: 3015941Date: 8/21/18Time: 0911Housing Unit: LHUIInfraction Number(s) and Description: 4235-threatening☐ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** _____*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*

Inmate Signature: _____ Date: ____/____/____

☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☒ **Refusal to Attend Disciplinary Hearing:***I told Inmate Whitford that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: Asked him if he wanted to go he told me no.*Inmate Signature: Refused Date: ____/____/____Officer/Witness Signature: [Signature]Date: 8/21/18

Disciplinary Hearing Officer/Unit Disciplinary Team

[Signature]Date: 8/21/18

Administrative Review Signature: _____

Date: ____/____/____

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford, Makueyama # 301594 Date: 8.21.18
 Infraction Number(s) & Name(s) 4235-Threatening
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION ADDITIONAL ACTION TAKEN
 Continuance granted to Date: ____ / ____ / ____ By: ____
 Reason: ____
 Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to attend mg.
 Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4235 ☐ Not Guilty of # ____
 Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 20 days detention, cl 8 days
END 9.2.18

Reason(s) for findings:

offender threatened to harm staff by throwing a punch at staff.
Offender refused to attend mg.

Thomas W. Lora 8.22.18

ADMINISTRATIVE REVIEW / DATE

G. Slaughter 8.21.18

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Refused

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 8/7/2018

Housing Unit: LHU1 ST: Peoples UM: Garland

Separation Needs: ☒ Atypical designation(s) NoneActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 3/22/2018Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 3

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☒ Spit Hood ☐ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐
- ☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for Max placement on 12/6/2017. Whitford's Most recent disciplinary hearing was on 7/23/2018 for STG material in his cell 4225. Due to this hearing being found guilty the LHU-UMT has restarted his level 1 on 8/2/2018. His LHU-Plan is levels 1-3. To move up in the level system he will need to maintain clear conduct, if he does not keep clear conduct the LHU-UMT can restart, move back, or extend the levels. He will be eligible for level 2 on 10/2/2018, and general population on 4/2/2019. This plan will be reviewed with inmate Whitford on a monthly basis.

I *Whitford, Makueeyapee* ST: Peoples refuse to participate in my locked housing status review.

I _____ have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: *[Signature]*

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 7/18/2018

Housing Unit: LHU1 ST: Peoples UM: Budd

Separation Needs: ☒ Atypical designation(s) NoneActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 3/22/2018Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 3

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)

- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

RECEIVED

AUG 02 2018

Classification & Placement
Office

Special Housing Needs:

- ☒ Spit Hood ☐ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for Max placement on 12/6/2017. Whitford's Most recent disciplinary hearing was on 7/9/2018 for 4209: Giving/Offering Any Official/Staff Bribe/Thing of Value. Due to this hearing being found guilty the LHU-UMT has restarted Whitford on level 1. His LHU-Plan is levels 1-3. To move up in the level system he will need to maintain clear conduct, if he does not keep clear conduct the LHU-UMT can restart, move back, or extend the levels. He will be eligible for level 2 on 9/9/2018, and general population on 3/9/2019. This plan will be reviewed with inmate Whitford on a monthly basis.

I Wg- D Liff refuse to participate in my locked housing status review.

I _____ have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: _____

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒

MINOR ☐

Inmate Name:

Whitford

Last name

Makueepapee

First Name

ID # 3015941

Date: 07-05-18

Time: 1600

Place of Incident: LHV1

First Name

Room/Cell: UE7

Housing Unit: LHV1

Job Assignment: 9999 Unassigned

Infraction Number(s) & Name(s)

4209- Attempting to engage in a personal Relationship with a staff member

Staff Witness: 1. _____

2. _____

Other Inmates involved 1. _____

2. _____

Description of Violation: (who, what, why, where, when and how):

On the above date and time, I Sergeant Luly Received an OSR from Inmate Whitford, ID # 3015941. Inside the Kite, there was a folded up note. See attachment. In the note, Inmate Whitford attempts to start a personal relationship with me. FOR

REPORTING STAFF MEMBER:

M. Luly

(Print Name)

Sgt Luly

(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☒ Pre-Hearing Confinement

☐ Release to Previous Status

☐ Other

Reason:

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]

(Shift Supervisor's Signature)

7/5/18

(Date)

[Signature]

(Warden or Designee Signature)

7/6/18

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 7/9/18 Time: Any hrs. Place: LHV-1
- I understand the charge(s)? ☐ Yes ☒ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations:

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]

(Staff Signature)

7-5-18

(Date & Time)

(Inmate's Signature / ID#)

Inmate refused to sign

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☒Waiver to Attend Hearing ☐Refusal to Attend Hearing ☐Inmate Name: Whitford, Makueeyapee ID #: 3015941Date: 7/9/18 Time: 1015 Housing Unit: LHU1Infraction Number(s) and Description: 4209-Attempting to Engage in a Relationship☒ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 **Grid Level to Use:** 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** 11 days detention, cu 4 days
END 7-16-18

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.

Inmate Signature: [Signature] Date: 6/9/18☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____/____/____

☐ **Refusal to Attend Disciplinary Hearing:**I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend.
(S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team [Signature] Date: 6/7/18Administrative Review Signature: [Signature] Date: 7/9/18Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)
Revised: December 2014EXHIBIT D
EXHIBIT D

Aye, check it out woman. I want to tell you somethin that's been on my mind before you walk out of my life. I know I be fuckin around with you alot but this time im real. As I've gotten to know you I've grown helln attracted to you and I really, really like you. You are a real bitch, that's why I've always refer to you as a female pit, it's that attitude that draws me to you the most, I mean love it. You are straight up. So, now it's my turn. I don't want to see you go, chick, I want to get to know you on a whole nother level and if I don't let you know how I feel, I might ~~never~~ get another chance. I'd really like to chop it up with you over the phone or in a letter. If not now, then maybe somewhere down the road when you are in the mood. Just remember it's never too late. You can always find me on conweb. Just do me a favor and think about it. And, know that I haven't been able to think about anything else ever since you told me that you're fittin to bounce to another post. Keep it 100 baby, and hit me up. haterz Pit.

Aye, check it out woman. I want to tell you something that's been on my mind before you walk off of my life. I know I be fuckin around with you alot but this time I'm real. I've gotten to know you I've grown helln attracted to you and I really, really like you. You are a real bitch, that's why I've always refer to you as a female pit. It's that attitude that draws me to you the most, I ain't in love with it. You are straight up. So now it's my turn. I don't want to see you go chick, I want to get to know you on a whole nother level and if I don't let you know how I feel, I might never get another chance. I'd really like to chop it up with you over the phone or in a letter. If not now, then maybe somewhere down the road when you are in the mood. Just remember it's never too late. You can always find me on convos. Just do me a favor and think about it. And, know that I haven't been able to think about anything else ever since you told me that you're fittin to bounce to another post. Keep it 100 baby. and hit me up. Hates7 Pit.

EXHIBIT D
EXHIBIT D

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 7/2/2018

Housing Unit: LHU2 ST: Peoples UM: Budd

Separation Needs: ☒ Atypical designation(s) NoneActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 3/22/2018Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Aggression and Violence	5/23/18		Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 3

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☒ Spit Hood ☐ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA Office
☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for locked housing placement by the ARC on 12/6/2017. Whitford's Most recent disciplinary hearing was on 6/11/2018 for 4209- Giving/Offering any official/Staff Bribe/ Thing of value. On 6/6/2018 He received two hearings for 4235- Threatening Staff, and 4210,4213- for Flooding. Due to Whitford being found guilty of his most recent disciplinary hearing the LHU-UMT has restarted him on level 1. Whitford will be eligible for level 2 on 8/26/2018, and general population on 2/26/2019. This plan will be reviewed with inmate Whitford on a monthly basis.

I Whitford refused st. Peoples refuse to participate in my locked housing status review.

I _____ have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: Peoples

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

LC-4

14H2 144

RECEIVED BY

JUN 16 2018

DISCIPLINARY

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Whitford Makueeyapee ID # 3015941

Last name

First Name

Date: 6-5-18 Time: 0800 Place of Incident: LHU-1 yardRoom/Cell: UE-4 Housing Unit: LHU-1 Job Assignment: 6012 Unit swamperInfraction Number(s) & Name(s) 4209- Offering any staff member a bribe or anything of value. Attempting to engage in a personal relationship with a staff memberStaff Witness: 1. N/A

2. _____

Other Inmates involved 1. Bouvidoux, Jacob2. Cooper, Demetrius

Description of Violation: (who, what, why, where, when and how): On the above date & time, I /o Ball was standing yard in LHU-1. As soon as the door to the yard closed, I'm Whitford along with I'm Cooper. D# 3022845 + I'm Bouvidoux, J# 3015623 attempted to get me to bring in weed for them. At one point they offered me eight bills. I'm Whitford + I'm Cooper then told me they could get me more money than what I make now. After I told them no multiple times, I'm Whitford + I'm Cooper kept asking me what I do in my spare time. They then told me that I probably know the right connections to get meth into the prison. At this time I was pulled from the yard & replaced by another officer to do my reports. EDR.

REPORTING STAFF MEMBER: _____

Ball

(Print Name)

Supervisor Review: _____

Sgt. Webb

(Print Name)

Webb

(Sign Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement☐ Release to Previous Status☐ OtherReason: Security Threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSA [Signature]

(Shift Supervisor's Signature)

6/5/18

(Date)

[Signature]

(Warden or Designee Signature)

6/6/18

(Date)

on or before

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 6/8/18 Time: any hrs. Place: LHU22. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).3. I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form

5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]

(Staff Signature)

06/05/18

(Date & Time)

[Signature]

(Inmate's Signature / ID#)

INMATE: Whitford, Makueeyapee AO#: 3015941 LOCATION: LHU 2

CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 6.8.18 IS/ARE BEING CONTINUED UNTIL 6.11.18

FOR THE FOLLOWING REASONS: unable to attend hrg-
on BNP

Inmate Signature unable to sign DATED 6.8.18
Verbally denied

Disciplinary G. Staley DATED 6.8.18

CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

Copies to: Records-White

Inmate-Goldenrod

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY HEARING DECISION

MAJOR ☒ MINOR ☐
Inmate's Name: Whitford, Makuee yapa 301594 Date: 6.11.18
Infraction Number(s) & Name(s): 4209 - Att. to Bribe Staff.
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to attend
Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4209 ☐ Not Guilty of # ____
Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 15 days detention, due 6 days
END 10.20.18

Reason(s) for findings:

offender asked staff to bring narcotics into the prison. Offender did not attend hearing

Thomas Wilson 6.12.18
ADMINISTRATIVE REVIEW / DATE

B. Slaughter 6.11.18
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Refused to attend

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

LA-1

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

UP7
RECEIVED BY
JUL 19 2018
DISCIPLINARY

Inmate Name: Whitford mpkuesyapae ID # 3015941
Last name First Name
Date: 7/18/18 Time: 1230 Place of Incident: LHV1
Room/Cell: UET Housing Unit: LHV1 Job Assignment: 99999
Infraction Number(s) & Name(s) 4225-STG Activity

Staff Witness: 1. _____ Other Inmates involved 1. Cooper, D # 3022845
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how):

On the above date I reviewed paperwork that had been
confiscated from Whitford during an IPS search on 7/17/18.
Within the paperwork there are several pages of Blood
literature written in Cooper's hand. There are also monikers
of MT structure, codes, disciplinary procedures for violations
etc. all related to Bloods. EOP

REPORTING STAFF MEMBER: Lomas Kuchinsky Lomas Kuchinsky
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other

Reason: Security threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG [Signature] 7/18/18 [Signature] 7/18/18
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION	
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.	
1. Hearing Date: <u>7/23/18</u> Time: <u>Any</u> hrs. Place: <u>LHV2</u>	
2. I understand the charge(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, verbally explain the charge(s) to the inmate).	
3. I waive my right to a hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, have inmate sign an Agreement/Waiver/Refusal form)	
4. Present evidence and witnesses on my behalf. <input type="checkbox"/> Yes <input type="checkbox"/> No If inmate has witnesses, have him/her complete a Witness Request form	
5. Other pertinent notations: _____	
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.	
<u>[Signature]</u> (Staff Signature)	<u>7-18-18</u> (Date & Time)
	<u>Refused to Sign</u> (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒MINOR ☐Inmate's Name: Whitford, Makueeyaper ID # 3015941 Date: 7-23-18Infraction Number(s) & Name(s) 4225-STG Activity☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty☒ Other: Refused to sign infraction

Inmate's Statement: _____

Evidence Provided: infraction report, STG materialFindings: ☒ Guilty of # 4225 ☐ Not Guilty of # _____Evidence Relied On: infraction report, STG materialFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): 15 days detention, cue 5 daysEND 8-2-18
Refu to STG

Reason(s) for findings:

offender had STG material.
offender refused to sign infraction report -
hearing held w/out him per policy.Thomas Wilson 7-23-18
ADMINISTRATIVE REVIEW / DATEG. Slawitzky 7-23-18
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Refused

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

LC-4

14H2 wt

RECEIVED BY

JUN 16 2018

DISCIPLINARY

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Makueeyapee First Name ID # 3015941
 Date: 6-5-18 Time: 0800 Place of Incident: LHU-1 yard
 Room/Cell: UE-4 Housing Unit: LHU-1 Job Assignment: 6012 Unit swamper
 Infraction Number(s) & Name(s) 4209- Offering any staff member a bribe or anything of value. Attempting to engage in a personal relationship with a staff member

Staff Witness: 1. N/A
 2. _____

Other Inmates involved 1. Proulx, Jacob
 2. Cooper, Demetrius

Description of Violation: (who, what, why, where, when and how): On the above date & time, I /o Ball was standing yard in LHU-1. As soon as the door to the yard closed, I'm Whitford along with I'm Cooper. D# 3022845 + I'm Proulx, J# 3015623 attempted to get me to bring in weed for them. At one point they offered me eight bills. I'm Whitford + I'm Cooper then told me they could get me more money than what I make now. After I told them no multiple times, I'm Whitford + I'm Cooper kept asking me what I do in my spare time. They then told me that I probably know the right connections to get meth into the prison. At this time I was pulled from the yard & replaced by another officer to do my reports. EDR.

REPORTING STAFF MEMBER:

Ball

(Print Name)

Supervisor Review:

Sgt. Webb

(Print Name)

Sgt. Webb

(Sign Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement☐ Release to Previous Status☐ OtherReason: Security Threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Sgt. Webb

(Shift Supervisor's Signature)

6/5/18

(Date)

[Signature]

(Warden or Designee Signature)

6/6/18

(Date)

on or before

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 6/8/18 Time: any hrs. Place: LHU-1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

McHargis

(Staff Signature)

06/05/18

(Date & Time)

X Unable to sign due to BMP

(Inmate's Signature / ID#)

INMATE: Whitford, Makueeyapee AO#: 3015941 LOCATION: LHU 2

CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR 6.8.18 IS/ARE BEING CONTINUED UNTIL 6.11.18

FOR THE FOLLOWING REASONS: unable to attend hrg- on BNP

Inmate Signature unable to sign DATED 6.8.18

Disciplinary verbally denied DATED 6.8.18

CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

Copies to: Records-White

Inmate-Goldenrod

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY HEARING DECISION

MAJOR ☒ MINOR ☐
Inmate's Name: Whitford, Makuee yapa 301594 Date: 6.11.18
Infraction Number(s) & Name(s): 4209 - Att. to Bribe Staff.
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to attend
Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4209 ☐ Not Guilty of # ____
Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).
Sanction(s): 15 days detention, see 6 days
END 10.20.18

Reason(s) for findings:

offender asked staff to bring narcotics into the prison. Offender did not attend hearing

Thomas Wilson 6.12.18
ADMINISTRATIVE REVIEW / DATE

B. Slaughter 6.11.18
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Refused to attend

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

JUN 06 2018

DISCIPLINARY

Inmate Name: Whitford Last name Makueyapee First Name ID # 3015941
 Date: 6-5-18 Time: 8:1730 Place of Incident: LHu-2
 Room/Cell: LC-4 Housing Unit: LHu-2 Job Assignment: 403 cell study
 Infraction Number(s) & Name(s) 4235 Threatening Staff

Staff Witness: 1. N/A
 2. N/A

Other Inmates involved 1. N/A
 2. N/A

Description of Violation: (who, what, why, where, when and how): On the above date and time while working in LHu-2 I/M Whitford was kicking his cell door LC-4 when I went to his cell and asked him uncover his cell window and tell him to stop kicking the door I/M Whitford uncovered his window and started yelling about he was acting out because he was disrespected by "Some punk Punk ass officer" and that he has nothing to lose and his greatest revenge would be to kill one of the officers. I/M Whitford stated "You all wear the same badge." I informed inmate he would get a write up for threatening and Whitford stated he don't care he has nothing to lose. and he was going to get that going given the chance for antagonizing him F.O.R.

REPORTING STAFF MEMBER: Sgt Bristol Sal
 (Print Name)

[Signature]
 (Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other

Reason: Inmate already on BMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]
 (Shift Supervisor's Signature)

6/5/18
 (Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 6/8/18 Time: Any hrs. Place: LHu-2
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

Refused to be served

ST O'Hausen

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford Mathewapee MAJOR ☒ MINOR ☐ ID # 30594 Date: 6/6/18
Infraction Number(s) & Name(s): 4235 Threatening Staff
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☐ Guilty ☐ Not Guilty ☐ Other: ____
Inmate's Statement: _____

Refused to Sign/be Served

Evidence Provided: Infraction Report

Findings: ☒ Guilty of # 4235 ☐ Not Guilty of # ____
Evidence Relied On: Infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 10 days detention
#10 fine
refer to unit

Reason(s) for findings: inmate made a clear threat to staff. Violation of procedure

Thomas Wilson 6.11.18
ADMINISTRATIVE REVIEW / DATE

[Signature]
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Refused to be served

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐

CONTRACT FACILITY: _____

DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

JUN 6 2018

DISCIPLINARY

Inmate Name: Whitford Last name MaKueeyaPee First Name MaKueeyaPee ID # 3015941
 Date: 6-5-18 Time: 1300 Place of Incident: LHU 1 E-Block
 Room/Cell: NE 4 Housing Unit: LHU 1 Job Assignment: 6012-Block Swamper
 Infraction Number(s) & Name(s) 4216- Flooding
4213- refusing A Direct order

Staff Witness: 1. _____
 2. _____

Other Inmates involved 1. _____
 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date & time, I Sgt. Weber was told to move Inmate Whitford, MaKueeyaPee #3015941 to LHU1 Placement on PHC-1717 Status, upon Arriving At his cell He was given the order to turn around and cuff up. He refused. He was then told again to cuff up, he again refused. I left the block and contacted T.P.S. Command Post who contacted T.P.S to Have Inmate Whitford removed from his cell. During this time Inmate Whitford was able to Flood his cell and the Block. EOTZ

REPORTING STAFF MEMBER: Sgt. Weber
 (Print Name)

Sgt. Weber
 (Sign Name)

Supervisor Review: _____
 (Print Name)

 (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: Currently on detention as of earlier this day

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSB - [Signature]
 (Shift Supervisor's Signature)

6/5/18
 (Date)

 (Warden or Designee Signature)

 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 6/8/18 Time: Any hrs. Place: LHU2
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
 (Staff Signature)

 (Date & Time)

Refused to be served
 (Inmate's Signature / ID#)

STO/haasen

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford MaKeeper MAJOR ☒ MINOR ☐ ID # 3015741 Date: 6/6/18
Infraction Number(s) & Name(s) 4210 Flooding 4213 Refusing an Order
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☒ Other: _____

Inmate's Statement: _____

Refused to be served

Evidence Provided: Infraction Report

Findings: ☒ Guilty of # 4210 Flooding ☐ Not Guilty of # _____

Evidence Relied On: 4213 Refusing
Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 10 days detention
\$10 flood cleanup fine

Reason(s) for findings: Inmate refused an order
from the Sgt - He flooded his cell

Thomas Wilson 6-11-18
ADMINISTRATIVE REVIEW / DATE

Billie Gore
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Refused to be served

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)



Montana Department of Corrections

Statement of Incident

Title: Inmate Whitford Extraction **Statement #:** 12781
Incident Date: 06/05/2018 **Incident Time:** 12:50 PM **Statement Date:** 06/05/2018
Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/E/UPPER/4/LHU-1 UE-4 to LHU-1 LC-5

Summary of Incident

On the above date and time I, SSG Segovia, was called by command post to move inmate Whitford from LHU-1 to LHU-2 because he is refusing for unit staff. I sent 2 IPS Officers to LHU-1 to move inmate Whitford which he refused then started flooding his cell. Myself and the rest of the first shift IPS team grab our gear and went to LHU-1. Once in LHU-1 I went onto E-blocked and approached inmate Whitford's cell. I could see in his cell had about 2 inches of standing water and all his property set on his bunk. I asked inmate Whitford if he would cuff up for me. There was no response from inmate Whitford and he started to unfold his blanket and cover up his property. I then told inmate Whitford to come to the slot to cuff up so I could get him out of his wet cell. Inmate Whitford didn't respond just paced around in his cell then turned his T.V. on and started watching T.V. At that time, I left the block and started my cell extraction procedures. Once ready myself and the first shift IPS team went back onto the block. While coming onto the block inmate Whitford saw the stun Shield and raised his hands to the window and brought his wrist together simulating a cuffing motion. Once at his cell door I gave inmate Whitford a direct order to remove his clothing and come to the slot to be cuffed. Inmate Whitford complied at first and removed his clothing to his underwear. I had to repeat the order several times to inmate Whitford to remove his underwear. Once he complied with my orders he was cuffed behind the back and secured with the restraint retainer. The cell door was then opened and spit hood placed over his head, leg irons applied, and a towel was used to ensure his privacy. Inmate Whitford was then escorted to LHU-2 LC-5 and when the cuffs were being removed he grabbed the restraint retainer and tried to pull the rope into the cell. Inmate Whitford failed to pull the rope in and staff shut the food slot and left the block without any further incident. EOR

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Staff - Deeks, Kelly

Reporting Staff: Segovia, Daniel

Title: Correctional Officer Sgt.

Signature:

Date: 6/5/18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/Distributed

Supervisor Name: W Larson

Title: SSG

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Inmate Whitford Extraction

Statement #: 12781

Incident Date: 06/05/2018

Incident Time: 12:50 PM

Statement Date: 06/05/2018

Jurisdiction: Montana State Prison

Signature:

SSG [Signature]

Date:

6-5-18

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 06/05/2018 @ 01:59 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 5/16/2018

Housing Unit: LHU2 ST: Smith UM: Budd

Separation Needs: ☒ Atypical designation(s) NoneActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: 3/22/2018Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Aggression and Violence	5/23/18		Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 3

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

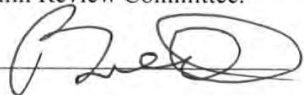
Special Housing Needs:

- ☒ Spit Hood ☐ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for locked housing placement by the ARC on 12/6/2017. Whitford had been found guilty of major infractions including unauthorized area, abusing medication, possession of a sharpened instrument, and tampering with a locking device. Whitford has one prior classification to max. Inmate Whitford will be required to complete max levels 1-3, he began level 1 on 1/2/2018. In the Month of March to date Whitford has been found guilty of fourteen major infractions. These threatened staff on several occasions, encouraging other inmates, obstruction staff, insolence, and refusing orders. Whitford restarted level 1 on 4/13/2018. He will be up for review to level 2 on 7/16/2018, level 3 on 10/16/2018 and general population on 1/16/2019. LHU UMT recommends that Inmate Whitford completes the New Freedom Binder "Aggression and Violence". This plan will be reviewed with Whitford on a monthly basis.

I _____ Whitford _____ refuse to participate in my locked housing status review.

I _____ have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: 

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 4/17/2018

Housing Unit: LHU2 ST: Smith UM: Budd

Separation Needs: ☒ Atypical designation(s) NoneActivation of BMP within last 30 days ☒ Yes ☐ No BMP Clearance Date: 3/22/2018Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Aggression and Violence			Non-Compliant

Current Level: Level 1

Recommended Completion Level: Level 3

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

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MAY 12 2018

Special Housing Needs:

- ☒ Spit Hood ☐ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ AD Classification & Placement Office
☒ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for locked housing placement by the ARC on 12/6/2017. Whitford had been found guilty of major infractions including unauthorized area, abusing medication, possession of a sharpened instrument, and tampering with a locking device. Whitford has one prior classification to max. Inmate Whitford will be required to complete max levels 1-3, he began level 1 on 1/2/2018. In the Month of March to date Whitford has been found guilty of fourteen major infractions. These threatened staff on several occasions, encouraging other inmates, obstruction staff, insolence, and refusing orders. Whitford finished detention on 4/13/2018 and restarted level 1 on that date. LHU UMT recommends that Inmate Whitford completes the New Freedom Binder "Aggression and Violence". This plan will be reviewed with Whitford on a monthly basis.

I _____ refuse to participate in my locked housing status review.

x I *[Signature]* have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: George Smith _____

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

UB-8

MSP BEHAVIOR MANAGEMENT PLAN CLEARANCE NOTIFICATION

Inmate: Whitford, Makueeyapee 3015941 LHU-1
Name AO/ID number Unit

Dates Cleared for BMP Activation: 3/22 /18 to 9/22 /18

Description of dangerous and/or assaultive behaviors the inmate has engaged in so as to necessitate a BMP Clearance: Threatening Staff 6 times in the last two months

This is notification that you have been cleared for, and have been placed on, a Behavior Management Plan. If you engage in any further dangerous and/or assaultive behaviors during the next six months this plan will be activated.

Upon activation you will start at Step #1. All items will be removed from the cell you are housed in. You will be issued a security blanket/mattress, and a safety gown. Nothing else will be allowed to be kept in the cell. Each meal will be a serving of food loaf. If you have engaged in any previous flooding behavior, the water supply in the cell will be remotely controlled by staff. If you don't engage in any disruptive conduct for the next 48hrs you will progress to Step #2.

When you start Step #2 unit staff will issue you a pillow and exchange the safety gown with regular unit clothing. Your meals will continue to be a serving of food loaf. If you don't engage in any disruptive conduct for the next 24hrs you will progress to Step #3.

When you start Step #3, unit staff will return control of the water supply in the cell to you (if it had been removed). You will begin receiving regular meals instead of food loaf, and unit staff will replace the security blanket/mattress with regular unit bedding.

If you maintain another 24 hours of appropriate conduct the BMP will be deactivated and you will begin to receive all privileges that are approved for your custody level.

You will be offered showers every two days. You must maintain good basic hygiene and keep your cell clean the entire time. If you don't, you will start over, beginning with Step #1.

If you plug, damage, or alter any of the cells plumbing fixtures, unit staff will take control of the cell's water supply and you will be returned to Step #1.

You will not be allowed out-of-cell recreation during an active BMP plan.

You will not be allowed to attend any disciplinary hearing until you have attained at least step #3. If you are cited for a rule violation while your BMP is activated, it may be considered a voluntary refusal to attend a previously scheduled hearing, and the hearing may be held without you.

This BMP will remain in place for the entire six months and can be activated or reactivated at any time during this six month period if you engage in any assaultive and/or dangerous conduct.

I, Whitford, Makueeyapee, understand that I have been cleared for, and have been placed on a Behavior Management Plan (BMP) for the next six months, and that if I engage in any dangerous and/or assaultive behaviors this BMP will be activated as explained above. I understand that if I don't engage in any dangerous and/or assaultive conduct for the next six months this BMP will not be activated.

Inmate: [Signature] 3015941 3/28 /18
Signature AO/ID # Date

Unit Staff: [Signature] Unit Manager 3/28 /18
Signature Title Date

Copies to: Unit mini-file Command Post Mental Health Warden Inmate Records

DOC ADMISSION / DISCHARGE REPORT

PLEASE PRINT FULL NAME:

Whitford **Makueeyapee** ID **3015941** DATE: **3/27/18**
 LAST NAME FIRST NAME MIDDLE NAME TIME: **1015**

FROM UNIT AND ASSIGNMENT:

☒ MSP:
☒ Unit **LHU-1 ISO**
 Assignment _____
☐ MWP:
☐ Pod _____ **Cell** **Bed** _____
☐ Regional Prison: _____
☐ Pod _____
☐ MASC _____
☐ Hospital _____
☐ Cond. Release _____
☐ OLTC _____
☐ MSH-WS _____
☐ Pre-Release _____
☐ ISP _____
☐ TSCTC-Trainee ☐ Probation
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:
☐ Parole Violator
☐ Probation Violator
☐ START Center
☐ In Transit
☐ New Inmate
☐ 10-Day Furlough _____
☐ Other _____

TO UNIT AND ASSIGNMENT:

☒ MSP:
☒ Unit **LHU-1 BMP**
 Assignment _____
☐ MWP:
☐ Pod _____ **Cell** **Bed** _____
☐ Regional Prison: _____
☐ Pod _____
☐ MASC _____
☐ Hospital _____
☐ Conditional Release _____
☐ OLTC _____
☐ MSH-WS _____
☐ Pre-Release _____ ☐ Inmate Worker
☐ ISP _____
☐ TSCTC-Trainee ☐ Probation
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:
☐ Release _____
☐ START Center
☐ In Transit
☐ 10-Day Furlough _____
☐ Other _____

CODE:

☐ DOC
☒ MSP
☐ MWP
☐ RPC
☐ CD**
☒ DD**
☐ HOLD

CUSTODY:

☐ MIN 2
☐ MIN 1
☐ MED 2
☐ MED 1
☐ CLOSE
☒ MAX
☐ AD SEG
☐ REST
☐ AD SEG

****Notify the Infirmary and Mental Health when PHC, DD or CD**

Health Services clearance ☐ Yes ☐ No (If No, attach *Special Needs Treatment Plan*)

COMMENTS:

Move from SMC cell on a BMP to a regular PHC cell

STAFF MEMBER'S NAME /

SIGNATURE: Greg Budd /

It is mandatory that all ADR's are turned into the Placement/Movement Office when a move is made. All ADR's are filled out by the **sending unit with the exception of a jail hold & Infirmary, which will be filled out by the receiving unit.** Information must be complete with housing unit and job assignment number and including title.

cc: RECORDS - WHITE

MINI FILE - CANARY

REV. 1/12

EXHIBIT D
 EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

RECEIVED BY

MAR 26 2018

MAJOR ☒MINOR ☐

DISCIPLINARY

Inmate Name:

Whitford

MaKueeyapce

ID # 3015941

Date: 03-24-18

Time: 2100

Place of Incident:

LHUI SMC1

Room/Cell: SMC1

Housing Unit:

LHUI

Job Assignment:

99999 Unassigned

Infraction Number(s) & Name(s)

4212: Willfully tampering with, damaging or blocking a locking device, or other security safety device

4210: Destroying state property

Staff Witness: 1.

Other Inmates involved 1.

2.

2.

Description of Violation: (who, what, why, where, when and how):

On the above date and time, Inmate Whitford, M #3015941 repeatedly kicked his door, covered his security camera and shoved all of his clothing down the toilet. Inmate Whitford was then moved to SMC2.
BOR

REPORTING STAFF MEMBER:

M. LULY

(Print Name)

Sgt Juy

(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☐ Pre-Hearing Confinement☐ Release to Previous Status☒ Other

Reason:

Currently detention status, BMP restarted.

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

G. M. M. M.

3/24/18

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date:

3/28/18

Time: any

Place: LHUI

2. I understand the charge(s)?

☒ Yes☐ No (if no, verbally explain the charge(s) to the inmate).

3. I waive my right to a hearing?

☐ Yes☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)

4. Present evidence and witnesses on my behalf?

☒ Yes☐ No. If inmate has witnesses, have him/her complete a Witness Request form

5. Other pertinent notations:

Staff witnesses

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

G. M. M. M.

(Staff Signature)

3/26/18; 915

(Date & Time)

unable to sign

(Inmate's Signature) ID#

INMATE: Whitford, Makueyapee AO#: 3015941 LOCATION: 3 LHHU

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 3.28.18 IS/ARE BEING CONTINUED UNTIL 3.29.18

FOR THE FOLLOWING REASONS: Currently on a BNP

Inmate Signature Verbally advised DATED 3.27.18

Disciplinary G. Slaughter DATED 3.27.18

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makuee # 3015941 Date: 3-29-18

Infraction Number(s) & Name(s) 4212-Tampering w/locking device; 4210-

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION Post

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: _____

I did not have time to review any of the documents to prepare a defense. The facts are right, the due process is wrong. I would like disciplinary hearings to be recorded.

Evidence Provided: infraction report, incident report

Findings: ☒ Guilty of # 4212/4210 ☐ Not Guilty of # _____

Evidence Relied On: infraction report, incident report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$30.00 fine.

Reason(s) for findings: _____

offender kicked his cell door and shoved items down the toilet.

Thomas Wilson 4-2-18
ADMINISTRATIVE REVIEW / DATE

C. Slaughter 3-29-18
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

[Signature]

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____MSP 3.4.1
Attachment J

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APR 02 2018

DISCIPLINARY

Disciplinary Appeal

(major infractions only)

Inmate's Name:

Whitford, Makueeyapee ID # 3015941

Date: 3/29/18

Infraction(s):

4212-tampering; 4210-Dest. property

Disciplinary Hearing Decision:

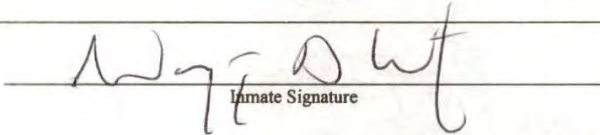
\$30.00 fine

Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. No time to prepare a defense. No materials to prepare a defense. No incident reports. No Access to DOC/MSD policies. No preservation of disciplinary hearing evidence.

3. The sanction(s) is excessive.



Inmate Signature
3/29/18
Date**WARDEN OR DESIGNEES RESPONSE****Warden or designee:**

Is there sufficient evidence and documentation to support the finding?

YES ☒NO ☐

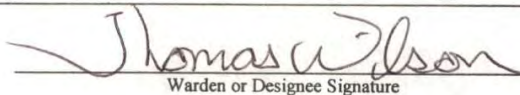
Is there substantial compliance with applicable disciplinary procedures?

YES ☒NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☒NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed shall be:☐ reduced to:☐ suspended for:**Written justification for the action taken above:**

THE DECISION OF THE DHO IS CORRECT.



Warden or Designee Signature
4/2/18
Date

Copies to: 1. Records

2. Parole Board

3. Housing Unit

4. Inmate

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

COMMAND POST *SM*
Initial Approval

Statement of Incident

Title: Whitford BMP Restart **Statement #:** 9863
Incident Date: 03/24/2018 **Incident Time:** 09:00 PM **Statement Date:** 03/24/2018
Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LHU1 Level 1/1

Summary of Incident

On the above date and time, I Sergeant Luly was talking to Inmate Whitford in the SMC. Inmate Whitford, M # had been seen and given water 15 minutes before I went and talked to him. In that 15 minutes, inmate Whitford had repeatedly kicked his door and demanded that someone come and talk to him. Once I went back to talk to Inmate Whitford, he threatened to, "Take things to the next level" if he had to. I told Inmate Whitford that if he continued to make treats and kick his door he would restart his BMP. Inmate Whitford responded, "Ok then." I continued count. When I returned to the Sergeant's Office, the Main Cage notified me that he had taken all of his cloths and shoved them down his toilet. Inmate Whitford agreed to move to SMC2. Inmate Whitford was then written up and restarted on Step 1.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Luly, Malina

Reporting Staff: Luly, Malina

Title: Correctional Officer Sgt

Signature: *Sgt Luly*

Date: *03-24-18*

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Supervisor Name: *Lt. McNabb*

Title: *Lieutenant*

Signature: *[Signature]*

Date: *3-24-18*

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/24/2018 @ 09:45 PM

Page 1 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford BMP Restart

Statement #: 9863

Incident Date: 03/24/2018

Incident Time: 09:00 PM

Statement Date: 03/24/2018

Jurisdiction: Montana State Prison

_____ Other

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/24/2018 @ 09:45 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D

PRIVILEGED DISCIPLINARY NOTES

Inmate Name: Whitford, Makueyapee AO# 3015941
 Date/Time of Incident: 3/24/18 @ 2:00 Infractions: 4212/4210

Hearing Accommodations or Needs to Consider for scheduling:

ADA: Yes ☐ No ☒ Validated STG: Yes ☐ No ☒
 Mental Health Concerns: Yes ☐ MH Staff Member consulted: ☒ No ☒
 Sep. Needs: Yes ☐ with whom: _____ No ☒ Case Plan: Yes ☐ No ☒

Quality Assurance:

A. Weddington

Date:

3/26/18

Evidence provided for consideration in hearing:

Video Evidence: Yes ☐ No ☒ Physical Evidence: Yes ☐ No ☒ Incident Reports attached: Yes ☒ No ☐
 Witnesses statement requests: Yes ☒ Requested Witness Name(s): Staff witness No ☐
 Did requested witness(es) chose to provide a statement? Yes ☐ No ☐ Date form given: _____
 Date given to witness to return statement by: _____ Date returned: _____ N/A ☐

Inmate Statement:

Items to consider for determination of disciplinary infraction level and sanctions:

Currently serving detention: Yes ☒ Sanction: 70 day det RPC date: 6-5-18? No ☐
 Sup. Sanction: Yes ☐ Sanction: _____ No ☒ Priors: # 24 Similar Violations: Yes ☐ # _____ No ☐
 Prior #4222 in last 3 years- Yes ☐ No ☒ Current Restriction Level: 1 ☐ 2 ☐ N/A ☒ End Date _____
 Grid level: 1 ☐ 2 ☐ 3 ☒ Restitution Cost(s): \$ _____

K. Swin

Investigator

3-27-18

Date

Investigator Comments:-

Kicking a locking device + covering
a camera are a security threat.

Investigator:

K

Date:

3-29-18

Page ____ of ____

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

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CHU1 UB8
ISO
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MAR 23 2018
3
DISCIPLINARY

Inmate Name: Whitford Last name Makveeyapee First Name ID # 3015941
Date: 3-22-18 Time: 1740 Place of Incident: CHU-1 LA-3
Room/Cell: LA-3 Housing Unit: CHU-1 Job Assignment: 99999 unassigned
Infraction Number(s) & Name(s) 4213 - Refusing direct order
4220 - intentionally obstructing, hindering or
impeding staff

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time inmate whitford covered his cell window and wouldn't reply to staff orders to take it down. After closing the pass through box and opening the food slot to see inside the cell whitford was standing on his toilet seat with his bed sheets tied to the cell's sprinkler head. I called Command Post to have IPS come up to the unit. Whitford refused to untie the bed sheets and cuff up. After several orders IPS finally got whitford to comply with orders to move him to 3mc-1 with out any further incidents.

REPORTING STAFF MEMBER: Daniel Ramirez (Print Name) [Signature] (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] (Shift Supervisor's Signature) 3/22/18 (Date) _____ (Warden or Designee Signature) _____ (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/28/18 Time: any hrs. Place: CHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☒ Yes ☐ No (if inmate has witnesses, have him/her complete a Witness Request form)
- Other pertinent notations: all IPS officers present

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] (Staff Signature) 3/20/18 0915 (Date & Time) [Signature] (Inmate's Signature) ID# _____

STATE OF ONTARIO DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueepee ID # 301594 Date: 3.29.18

Infraction Number(s) & Name(s) 4213 Refusing an order; 4220-obstruction

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I went to ISO so I wasn't given any access to the pamphlet. The administration should provide us with the pamphlet at every disciplinary hearing. Collateral policies, rules, and procedures should be provided so I can prepare a defense.

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4213/4220 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$21.00 fine

Reason(s) for findings: offender refused to uncover his cell window. IPS statements deemed irrelevant as the incident occurred prior to IPS arrival. Request for continuance denied.

Thomas Wilson 4.2.18 ADMINISTRATIVE REVIEW / DATE J. Slough 3.29.18 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: [Signature]

Copies to: Records (White)
 Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

MSP 3.4.1
Attachment J

DISCIPLINARY

Disciplinary Appeal

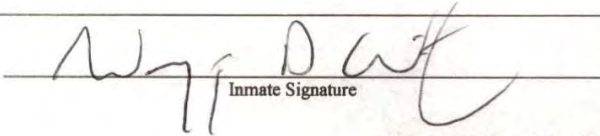
(major infractions only)

Inmate's Name: Whitford, Makuee YappaDate: 3/29/18Infraction(s): 4213-Rpt. and Order; 4220-obstructingDisciplinary Hearing Decision: \$21.00 fine**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. No time to prepare a defense. No materials to prepare a defense. No incident reports. No Access to DOC/MSI policies.

3. The sanction(s) is excessive.


Inmate Signature3/30/18
Date**WARDEN OR DESIGNEES RESPONSE****Warden or designee:**

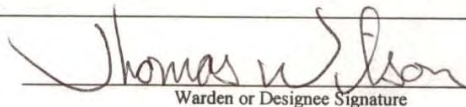
Is there sufficient evidence and documentation to support the finding?

YES ☒NO ☐

Is there substantial compliance with applicable disciplinary procedures?

YES ☒NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☒NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed shall be:☐ reduced to:☐ suspended for:**Written justification for the action taken above:**THE DECISION OF THE DHO IS CORRECT.
Warden or Designee Signature4/2/18
Date

Copies to: 1. Records

2. Parole Board

3. Housing Unit

4. Inmate

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

LH 01 150
UB8
RECEIVED BY
MAR 23 2018 3

MAJOR ☒MINOR ☐

DISCIPLINARY

Inmate Name: Whitford Last name Makveeyapee First Name ID # 3015941
Date: 3.22.18 Time: 1500 Place of Incident: LHU-1 LA-3
Room/Cell: LA-3 Housing Unit: LHU-1 Job Assignment: 9999 Unassigned
Infraction Number(s) & Name(s) 4236-manipulating housing

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time inmate Whitford came into LHU-1 LA-3 From LHU-2. Whitford said he wanted to be moved to an upper cell. I told Whitford once he is off detention and to max custody he can request moves. Whitford then said his toilet wouldn't work. I looked into LA-3 and seen Whitford put a couple kites and junk in his toilet. I got the water key and pulled the chase stop and the toilet flushed all the paper down. Inmate Whitford is trying to manipulate housing.

REPORTING STAFF MEMBER: Daniel Ramirez (Print Name) Sgt Ramirez (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: Pre-Hearing Confinement ☒ Release to Previous Status ☒ Other ☐
Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] (Shift Supervisor's Signature) 3.22.18 (Date) [Signature] (Warden or Designee Signature) / (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this report and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/28/18 Time: any hrs. Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] (Staff Signature) 3/26/18 0915 (Date & Time) Xunabuto Sign (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makye Yaper ID# 3015941 Date: 3-29-18

Infraction Number(s) & Name(s) 4236 - Refusing Housing (Manipulating)

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: The responsibility is on us to request the disciplinary pamphlet + I was in the ISO cell. I haven't had the chance to review the policies that pertain. These are due process violations

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4236 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 11 days detention, SS 90 days

Reason(s) for findings:

offender plugged his toilet in an attempt to manipulate housing.

Thomas Wilson 4-2-18
ADMINISTRATIVE REVIEW / DATE

P. Slaughter 3-29-18
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: X W. Y. D. W.

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink) Inmate (Goldenrod)

RECEIVED BY

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP 3.4.1
Attachment JMSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY

Disciplinary Appeal

(major infractions only)

Inmate's Name: Whitford, Makueyapee ID # 3015941
 Date: 3/29/18 Infraction(s): 4236 - Manip. Housing
 Disciplinary Hearing Decision: 11 days det, 15 90 days

Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. No time to prepare a defense. No materials to prepare a defense. No incident reports. No Access to MSP/DOC policies.

3. The sanction(s) is excessive.

[Signature]
 Inmate Signature

3/30/18
 Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐
 Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐
 Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐

Decision:

- ☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed shall be:
☐ reduced to:
☐ suspended for:

Written justification for the action taken above:

The decision of the DHO is correct

[Signature]
 Warden or Designee Signature

4/12/18
 Date

Copies to: 1. Records

2. Parole Board

3. Housing Unit

4. Inmate

EXHIBIT D
EXHIBIT D

DOC ADMISSION / DISCHARGE REPORT

PLEASE PRINT FULL NAME:

Whitford **Makueeyapee** ID **3015941** DATE: **3/22/18**
 LAST NAME FIRST NAME MIDDLE NAME TIME: **1730**

FROM UNIT AND ASSIGNMENT:

☒ MSP:
☒ Unit **LHU-1 DETENTION**
 Assignment **99999 - UNASSIGNED**
☐ MWP:
☐ Pod **Cell Bed**
☐ Regional Prison:
☐ Pod
☐ MASC
☐ Hospital
☐ Cond. Release
☐ OLTC
☐ MSH-WS
☐ Pre-Release
☐ ISP
☐ TSCTC-Trainee ☐ Diversion ☐ Direct
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:
☐ Parole Violator
☐ Probation Violator
☐ START Center
☐ In Transit
☐ New Inmate
☐ 10-Day Furlough
☐ Other

TO UNIT AND ASSIGNMENT:

☒ MSP:
☒ Unit **LHU-1 BMP**
 Assignment **99999 - UNASSIGNED**
☐ MWP:
☐ Pod **Cell Bed**
☐ Regional Prison:
☐ Pod
☐ MASC
☐ Hospital
☐ Conditional Release
☐ OLTC
☐ MSH-WS
☐ Pre-Release
☐ ISP
☐ TSCTC-Trainee ☐ Diversion ☐ Direct
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:
☐ Release
☐ START Center
☐ In Transit
☐ 10-Day Furlough
☐ Other

CODE:

☐ DOC
☒ MSP
☐ MWP
☐ RPC
☐ CD**
☒ DD**
☐ HOLD

CUSTODY:

☐ MIN 2
☐ MIN 1
☐ MED 2
☐ MED 1
☐ CLOSE
☒ MAX
☐ AD SEG
☐ REST
☐ AD SEG

****Notify the Infirmary and Mental Health when PHC, DD or CD**

Health Services clearance ☒ Yes ☐ No (If No, attach Special Needs Treatment Plan)
 Classification & Placement Office

COMMENTS:

Placed BMP step1, attempted hang himself.

STAFF MEMBER'S NAME /

SIGNATURE: Daniel Ramirez / Sgt. Ramirez

It is mandatory that all ADR's are turned into the Placement/Movement Office when a move is made. All ADR's are filled out by the **sending unit with the exception of a jail hold & Infirmary, which will be filled out by the receiving unit.** Information must be complete with housing unit and job assignment number and including title.

cc: RECORDS - WHITE

MINI FILE - CANARY

REV. 1/12

EXHIBIT D
EXHIBIT D

DOC ADMISSION / DISCHARGE REPORT

PLEASE PRINT FULL NAME:

Whitford **Makueeyapee** ID **3015941** DATE: **3/22/18**
 LAST NAME FIRST NAME MIDDLE NAME TIME: **1450**

FROM UNIT AND ASSIGNMENT:

☒ MSP:
☒ Unit **LHU-2 Det**
 Assignment _____
☐ MWP:
☐ Pod _____ Cell _____ Bed _____
☐ Regional Prison: _____
☐ Pod _____
☐ MASC _____
☐ Hospital _____
☐ Cond. Release _____
☐ OLTC _____
☐ MSH-WS _____
☐ Pre-Release _____
☐ ISP _____
☐ TSCTC-Trainee ☐ Probation
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:
☐ Parole Violator
☐ Probation Violator
☐ START Center
☐ In Transit
☐ New Inmate
☐ 10-Day Furlough _____
☐ Other _____

TO UNIT AND ASSIGNMENT:

☒ MSP:
☒ Unit **LHU-1 DET**
 Assignment _____
☐ MWP:
☐ Pod _____ Cell _____ Bed _____
☐ Regional Prison: _____
☐ Pod _____
☐ MASC _____
☐ Hospital _____
☐ Conditional Release _____
☐ OLTC _____
☐ MSH-WS
☐ Pre-Release ☐ Inmate Worker
☐ ISP _____
☐ TSCTC-Trainee ☐ Probation
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:
☐ Release _____
☐ START Center
☐ In Transit
☐ 10-Day Furlough _____
☐ Other _____

CODE:

☐ DOC
☒ MSP
☐ MWP
☐ RPC
☐ CD**
☒ DD**
☐ HOLD
CUSTODY:
☐ MIN 2
☐ MIN 1
☐ MED 2
☐ MED 1
☐ CLOSE
☒ MAX
☐ AD SEG
☐ REST
☐ AD SEG

****Notify the Infirmary and Mental Health when PHC, DD or CD**Health Services clearance ☐ Yes ☐ No (If No, attach Special Needs Treatment Plan)**COMMENTS:**

Move from LHU-2 LHU-2

STAFF MEMBER'S NAME /
SIGNATURE:Greg Budd /

It is mandatory that all ADR's are turned into the Placement/Movement Office when a move is made. All ADR's are filled out by the **sending unit with the exception of a jail hold & Infirmary, which will be filled out by the receiving unit.** Information must be complete with housing unit and job assignment number and including title.

cc: RECORDS - WHITE

MINI FILE - CANARY

REV. 1/12

EXHIBIT D
EXHIBIT D

DOC ADMISSION / DISCHARGE REPORT

PLEASE PRINT FULL NAME:

Whitford **Makueeyapee** ID **3015941** DATE: **3/22/08**
 LAST NAME FIRST NAME MIDDLE NAME TIME:

FROM UNIT AND ASSIGNMENT:

☒ MSP:
☒ Unit **LHU-2 PHC-DD**
 Assignment _____
☐ MWP:
☐ Pod _____ **Cell** **Bed**
☐ Regional Prison: _____
☐ Pod _____
☐ MASC _____
☐ Hospital _____
☐ Cond. Release _____
☐ OLTC _____
☐ MSH-WS _____
☐ Pre-Release _____
☐ ISP _____
☐ TSCTC-Trainee ☐ Probation
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:
☐ Parole Violator
☐ Probation Violator
☐ START Center
☐ In Transit
☐ New Inmate
☐ 10-Day Furlough _____
☐ Other _____

TO UNIT AND ASSIGNMENT:

☒ MSP:
☒ Unit **LHU-1 PHC-DD**
 Assignment _____
☐ MWP:
☐ Pod _____ **Cell** **Bed**
☐ Regional Prison: _____
☐ Pod _____
☐ MASC _____
☐ Hospital _____
☐ Conditional Release _____
☐ OLTC _____
☐ MSH-WS _____
☐ Pre-Release ☐ Inmate Worker
☐ ISP _____
☐ TSCTC-Trainee ☐ Probation
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:
☐ Release _____
☐ START Center
☐ In Transit
☐ 10-Day Furlough _____
☐ Other _____

CODE:

☐ DOC
☐ MSP
☐ MWP

☐ RPC
☒ CD**
☐ DD**

☐ HOLD**CUSTODY:**

☐ MIN 2
☐ MIN 1
☐ MED 2
☐ MED 1
☐ CLOSE
☒ MAX
☐ AD SEG
☐ REST
 AD SEG

****Notify the Infirmary and Mental Health when PHC, DD or CD**

Health Services clearance ☒ Yes ☐ No (If No, attach *Special Needs Treatment Plan*)

COMMENTS:

Inmate Whitford was moved from LHU1 to LHU2 for Section G. Upon completion of his section G and upon review with UM Budd (LHU1), it was determined that he needed to continue his detention time in LHU1 due to security concerns. He was moved from LHU2 and returned to LHU1 3-22-18.

STAFF MEMBER'S NAME /

SIGNATURE: Carla Strutzel /

It is mandatory that all ADR's are turned into the Placement/Movement Office when a move is made. All ADR's are filled out by the **sending unit with the exception of a jail hold & Infirmary, which will be filled out by the receiving unit.** Information must be complete with housing unit and job assignment number and including title.

cc: RECORDS - WHITE

MINI FILE - CANARY

REV. 1/12

EXHIBIT D
 EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒

MINOR ☐

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MAR 20 2018

3

Inmate Name: Whitford Last name Maloney First Name Yapee ID # 3015941
Date: 3-19-18 Time: 0850 Place of Incident: LHU1 visiting Room
Room/Cell: L42 Housing Unit: LHU1 Job Assignment: gov-labor pool
Infraction Number(s) & Name(s) 4220-obstructing, hindering, or impeding staff

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): on the above date 2 time
in the normal operations at LHU1 were halted due to inmate whitford,
Maloney Yapee # 3015941 taking the visiting room hostage. For

REPORTING STAFF MEMBER: Sgt. Weber (Print Name) Sgt. Weber (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: Currently on a Sect. G

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Sgt. Weber (Shift Supervisor's Signature) 3/19/2018 (Date) _____ (Warden or Designee Signature) _____ (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/23/18 Time: 2:00 hrs. Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

Sgt. Jones (Staff Signature) 3-20-18/1330 (Date & Time) did not sign (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: WHITFORD, M.

ID # 3015941 Date: 3-22-18

Infraction Number(s) & Name(s) 4220 - OBSTRUCTING

☒ I DO UNDERSTAND THE VIOLATION

☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty

☒ Not Guilty

☐ Other: _____

Inmate's Statement: _____

I WASN'T GIVEN REPORTS, I DIDN'T GET THE WITNESS STATEMENTS, BUT I DID EXACTLY WHAT IT SAYS IN THE INFRACTION REPORT

Evidence Provided: INFRACTION REPORTS, STAFF STATEMENTS

Findings: ☒ Guilty of # 4220

☐ Not Guilty of # _____

Evidence Relied On: INMATE ADMITS GUILT

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 4220 - \$25 FINE

Reason(s) for findings: _____

IMPEDING UNIT OPERATIONS CREATES + SECURITY RISK.

ADMINISTRATIVE REVIEW / DATE

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

APR 02 2018

Disciplinary Appeal

(major infractions only)

DISCIPLINARY

Inmate's Name: LEWIS, M ID # 301541Date: 3/22/18 Infraction(s): 4220 - OBSTRUCTINGDisciplinary Hearing Decision: 4220 - \$25.00 FINE**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. Due Process Violations. No timeto prepare a defense nor access to materials necessary to
prepare a defense. No incident reports. No Access to MSP/DOC
policies.

3. The sanction(s) is excessive.

[Signature]
Inmate Signature3/30/18 Just got out of BMD
150 call. Just got my
stuff.
Date

WARDEN OR DESIGNEES RESPONSE

Warden or designee:Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:**Written justification for the action taken above:**THE DECISION OF THE DHO IS CORRECT.[Signature]
Warden or Designee Signature4/2/18
DateCopies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

ONE
AWEXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: Whitford Last name Maloneyapee First Name Maloneyapee ID # 3015941
Date: 3-19-18 Time: 0650 Place of Incident: LHU1 visiting Room
Room/Cell: LA2 Housing Unit: LHU1 Job Assignment: 601-Labor Pool
Infraction Number(s) & Name(s) 4212-Tampering with A Locking device
4235-Threatening staff

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): ON the above date & time, while Whitford, Maloneyapee # 3015941 was in his hearing his hearing was ended due to him arguing with the hearing officer. After this Whitford became very aggressive and started kicking the visiting room stating "Come in here and get me Bitch." He then removed his leg straps and continued to kick his door. He then stated "I'm going to stab you fuckers in the neck first chance I get." He continued to kick the door, I then gave him multiple direct orders to stop kicking the door. He stated "Take your direct orders and shove it up your ASS." I then called Command Post and IPS was sent to LHU1. After several direct orders by IPS, Inmate Whitford complied and was escorted to LHU1 and placed on A Section G. EOR

REPORTING STAFF MEMBER: Sgt. Weber (Print Name) [Signature] (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other
Reason: Security Threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] (Shift Supervisor's Signature) 3/19/2018 (Date) [Signature] (Warden or Designee Signature) 3/20/18 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/22/18 Time: any hrs. Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] (Staff Signature) 3-19-18 1705 (Date & Time) [Signature] (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: WHITFORD, M.

ID # 301594 / Date: 3-22-18

Infraction Number(s) & Name(s) 4212 - TAMPERING W/ A LOCKING DEVICE 4235 - THREATEN

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: I DID NOT TELL HER I

Inmate's Statement: _____

WAS GOING TO STAB HIM OR ANY BODY, I SAID "ONE DAY SOMEBODY IS GOING TO STICK ONE OF YOU GUYS." I DID KICK THE DOOR & GET INTO AN ARGUMENT. MY DUE PROCESS HAVE BEEN VIOLATED

Evidence Provided: INFRACTION REPORT, STAFF STATEMENTS

Findings: ☒ Guilty of # 4212, 4235 ☐ Not Guilty of # _____

Evidence Relied On: INFRACTION REPORTS, STAFF STATEMENTS

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 4212 - AGGRAVATED W/ 4235
4235 - REVOKE 20 DAYS DETENTION

Reason(s) for findings: _____

INMATES ACTIONS CAUSED A SERIOUS DISRUPTION IN THE UNIT, AND ANY THREATS ARE UNACCEPTABLE.

Thomas Wilson 3/20/18
ADMINISTRATIVE REVIEW / DATE

RD [Signature]
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Neg - [Signature]

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

APR 02 2018

Disciplinary Appeal

(major infractions only)

DISCIPLINARY

Inmate's Name: WITFORD, M ID # 2015941Date: 3/22/18 Infraction(s): 4202, 4235Disciplinary Hearing Decision: 4202 & 4235 - REVOKE 20 DAYS DET**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHL.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. Due Process Violations. No timeto prepare a defense nor access to materials to prepare a defense. No background incident reports. No Access to Doc/inst policies.

3. The sanction(s) is excessive.

W J Duff
Inmate Signature3/30/18 Just got off BMP
150 cell just got
my stuff
Date

WARDEN OR DESIGNEES RESPONSE

Warden or designee:Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:**Written justification for the action taken above:**THE DECISION OF THE DHO IS CORRECT.Thomas Wilson
Warden or Designee Signature4/2/18
DateCopies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

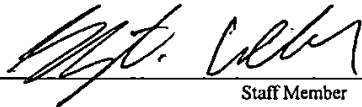
Housing Unit (Pink)

Inmate (Goldenrod)

DMIS
AREXHIBIT D
EXHIBIT D

MSP Incident Report for BMP Activation

1. Inmate: Whitford, Makueeyapee 3015941 Max
Name AO/ID number Classification
2. Location: ☒ LHU1 CellBlock-LA2 ☐ Close Unit III cellblock _____
3. Is this inmate on the current BMP clearance list? YES NO ☒ X
 Start date: _____ End Date: _____
If not on BMP clearance list initiate a section G.
4. Date and time of incident: 3/19/18 @0850
5. Nature of incident:
☐ Inmate-on-inmate assault ☐ Inmate-on-staff assault ☐ Flooding cell ☐ Self-harm behavior
☐ Destruction of state property Other Threatening Staff, Tampering with a locking device, Refusing to come out of the visiting room _____
- Description of incident: On the above date and time, inmate Whitford was in his hearing when the hearings officer suddenly ended it. At this time inmate Whitford took off his leg straps and started to kick the visiting room door stating, "come in here and get me bitch." At this time Command Post was called and IPS was sent to remove him from the visiting room. While waiting for IPS inmate Whitford made several threats to staff including myself about sticking them in the neck. He continued to kick his door and be disruptive until IPS arrived and where able to move him to LHU2. EOR
6. Use of Force required? YES ☐ NO ☒
 If use of force was required was it ☐ Emergent or ☐ Calculated?
 (for details refer to Use of Force Incident Reports)
7. Name of the Command Post staff member who was contacted regarding plan activation:
SSG. Hansen Time this person was consulted: 0900
8. Placement: Remain in current cell ☐ Pre-hearing Confinement pending further review Isolation cell
9. Did the Shift Commander notify the Warden or Duty Officer? YES ☒ NO ☐


 Staff Member

3-19-18
 Date

DOC ADMISSION / DISCHARGE REPORT

PLEASE PRINT FULL NAME:

Whitford **Makueeyapee** ID **3015941** DATE: **3/19/18**
 LAST NAME FIRST NAME MIDDLE NAME TIME: **850**

FROM UNIT AND ASSIGNMENT:

☒ MSP: ☒ Unit **LHU-1 PHC-DD**
 Assignment _____
☐ MWP: ☐ Pod **Cell Bed**
☐ Regional Prison: _____
☐ Pod _____
☐ MASC _____
☐ Hospital _____
☐ Cond. Release _____
☐ OLTC _____
☐ MSH-WS _____
☐ Pre-Release _____
☐ ISP _____
☐ TSCTC-Trainee ☐ Probation
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:
☐ Parole Violator
☐ Probation Violator
☐ START Center
☐ In Transit
☐ New Inmate
☐ 10-Day Furlough _____
☐ Other _____

TO UNIT AND ASSIGNMENT:

☒ MSP: ☒ Unit **LHU-2 PHC-DD**
 Assignment **Section G**
☐ MWP: ☐ Pod **Cell Bed**
☐ Regional Prison: _____
☐ Pod _____
☐ MASC _____
☐ Hospital _____
☐ Conditional Release _____
☐ OLTC _____
☐ MSH-WS _____
☐ Pre-Release ☐ Inmate Worker
☐ ISP _____
☐ TSCTC-Trainee ☐ Probation
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:
☐ Release _____
☐ START Center
☐ In Transit
☐ 10-Day Furlough _____
☐ Other _____

CODE:

☐ DOC
☒ MSP
☐ MWP
☐ RPC
☐ CD**
☐ DD**
☐ HOLD

CUSTODY:

☐ MIN 2
☐ MIN 1
☐ MED 2
☐ MED 1
☐ CLOSE
☒ MAX
☐ AD SEG
☐ REST
☐ AD SEG

****Notify the Infirmary and Mental Health when PHC, DD or CD**

Health Services clearance ☐ Yes ☐ No (If No, attach *Special Needs Treatment Plan*)

COMMENTS:

Threatening staff, tampering with a locking device, refusing direct orders.

STAFF MEMBER'S NAME / SIGNATURE: **Sgt. Weber** / _____

It is mandatory that all ADR's are turned into the Placement/Movement Office when a move is made. All ADR's are filled out by the **sending unit with the exception of a jail hold & Infirmary, which will be filled out by the receiving unit.** Information must be complete with housing unit and job assignment number and including title.

cc: RECORDS - WHITE

MINI FILE - CANARY

REV. 1/12

EXHIBIT D
 EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeyapee **Statement #:** 9599
Incident Date: 03/19/2018 **Incident Time:** 09:00 AM **Statement Date:** 03/19/2018
Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Visiting Room

Summary of Incident

On the above date at the approximate time, I, DHO K. Ivie, was in Locked Housing Unit 1 (LHU1) holding disciplinary hearings. Inmate Whitford was brought into the visiting room without incident. When I began asking him questions to start the hearing, he became argumentative and combative. I advised him I would not sit and argue with him and if he insisted on doing that the hearing would be over. He continued his rant, so I left the visiting room and advised the Correctional Officers he could go back to his cell.

While I was talking with the officers, Inmate Whitford began yelling and banging on the door. I went back into the visiting room to gather my paperwork and saw Inmate Whitford kick off his velcro ankle restraints. At this point, Inmate Whitford then began to kick the door of the visiting room and continued to yell and holler threatening statements to staff. Unit Sergeant Weber called for IPS to come up and I remained out of the view of Inmate Whitford so as not to inflame the situation. The IPS team did come up to LHU1, subdued Inmate Whitford and removed him from LHU1.

Involved Persons

Category	Person	Narrative
Staff	Ivie, Karla	Hearing Officer holding disciplinary hearings
Offender	Whitford, Makueeyapee - 3015941	Inmate causing disturbance

Source and Documentation

Confidential Informant: No

Information Source: Staff - Ivie, Karla

Reporting Staff: Ivie, Karla

Title: Hearings Officer

Signature: *Karla Ivie*

Date: 3-19-18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed Attached to Packet and write-up SSG Hansen 3-19-18

Supervisor Name: *Billie Reich*

Title: *3/19/18 Prog. Manager*

Signature: *Billie Reich*

Date: 3/19/18

Routing List (Place an X next to those this report will be distributed to):

☐ Helena Office ☐ Security Major ☐ Medical

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeyapee

Statement #: 9599

Incident Date: 03/19/2018

Incident Time: 09:00 AM

Statement Date: 03/19/2018

Jurisdiction: Montana State Prison

____ MSP Duty Officer
____ Warden or Designee
____ Deputy Warden
____ Associate Warden
____ Other

____ Unit Manager
____ Command Post
____ Inmate Records File
____ Inmate Unit File

____ Maintenance
____ Investigator's Office
____ MCE
____ Safety Committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/19/2018 @ 12:19 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford escort Statement #: 9595
 Incident Date: 03/19/2018 Incident Time: 09:30 AM Statement Date: 03/19/2018
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/LHU1 visiting room

Summary of Incident

on the above date and time IPS was asked to go to LHU1 because inmate Whitford was in the visiting room acting out and had removed the soft restraints and was hitting the window with them but he still had on the belly chains and cuffs. I asked Inmate Whitford if he was going to cooperate he stated yes I told him to go to the back of the room. I opened the door and he sat down on the back stool, we put on leg irons and spit hood and escorted him to LHU2 UC2, Inmate Whitford was stripped and given a security gown.

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Staff - Hansen, Debra

Reporting Staff: Miller, Bruce

Title: Correctional Officer Sgt

Signature: SSG Bruce Miller

Date: 3-19-18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed/ Distributed

AO# 3015941

Supervisor Name: W Larson Title: SSG

Signature: SSG W Larson Date: 3-19-2018

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/19/2018 @ 10:19 AM

Page 1 of 1

Original - 09/14/2016

EXHIBIT D
EXHIBIT D

LHUI LA2

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐

RECEIVED BY

MAR 16 2018

DISCIPLINARY

Inmate Name: Whitford McKee Yapo ID # 313015941
Last Name First Name
Date: 3-15-18 Time: 0650 Place of Incident: LHUI LA-02
Room/Cell: LA-02 Housing Unit: LHUI Job Assignment: Un 99999
Infraction Number(s) & Name(s)

4235 - Threatening
4208 - Insolence

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): on the above date
and approximate time I, St Smith, was on A-Block.
I/M Whitford yelled several times "your a fucking punk
George Smith" "Fuck you George Smith" He also said "I am
going to smash you" Whitford also stated "I am going to
Fuck you up" EOR

REPORTING STAFF MEMBER: George Smith George Smith
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: Currently on phc-00 Status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG Wilson 3/15/18 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/23/18 Time: ANY hrs. Place: ANY
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

SSG Jones 3-20-18/1330 O.D NOT SIGN
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: WHITFORD, M.

ID # 301594 Date: 3-22-18

Infraction Number(s) & Name(s) 4235 - THREATENING 4208 - INSULTS

☒ I DO UNDERSTAND THE VIOLATION

☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☒ Guilty

☐ Not Guilty

☐ Other: _____

Inmate's Statement: _____

I DID DO THIS ONE. I WANT EVERYBODY TO KNOW WHEN I BEAT HIS ASS I SAID I WAS GOING TO DO IT.

- ALSO DID NOT HAVE DUE PROCESS OR WITNESS STATEMENTS

Evidence Provided: INFRACTION REPORT

Findings: ☒ Guilty of # 4235, 4208 ☐ Not Guilty of # _____

Evidence Relied On: INMATE ADMITTED GUILTY

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 4235 - 25 DAYS DETENTION

4208 - AGGREGATED WITH 4235

Reason(s) for findings: _____

ANY THREATS ARE AN UNACCEPTABLE AND CONTINUES TO CLAIM STAFF BRING IT UPON THEMSELVES.

Shannon 3/26/18
ADMINISTRATIVE REVIEW / DATE

RD
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

APR 02 2018

Disciplinary Appeal

(major infractions only)

DISCIPLINARY

Inmate's Name: WETFAID, M ID # 8015941Date: 3/22/18 Infraction(s): 4235- THREATENINGDisciplinary Hearing Decision: 4235- 25 DAYS DETENTION**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. Due Process Violations. No time to prepare a defense. No incident reports. No Access to MSP/No policies, rules, or procedures.

3. The sanction(s) is excessive.

Wg7- D Wf
Inmate Signature

3/13/18 Just got off BMR
150 call just got in
stuff

Date

WARDEN OR DESIGNEES RESPONSE

Warden or designee:

Is there sufficient evidence and documentation to support the finding?

YES ☒NO ☐

Is there substantial compliance with applicable disciplinary procedures?

YES ☒NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☒NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:**Written justification for the action taken above:**THE DECISION OF THE DHO IS CORRECT

Thomas Wilson
Warden or Designee Signature

4/2/18
Date

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

MAR 16 2018

DISCIPLINARY

ID # 30159411

Inmate Name: Whitford, Makueeyapee
Last name First Name
Date: 3.15.18 Time: 1000 Place of Incident: LHUL-Visiting Room
Room/Cell: LA2 Housing Unit: LHUL Job Assignment: _____
Infraction Number(s) & Name(s) 4235-Threatening
4208-Insolence

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time I (Christine Slaughter) was conducting a hearing with inmate Whitford regarding an insolence infraction. He asked what would happen because him and St Smith don't get along. I told him as long as he is housed in LHUL, St Smith would be his security tech. He then stated "I'm going to kill that mother fucker". He added "I'll wait until he is alone and do it. I don't give a fuck." Due to these threatening statements, I concluded the hearing. -EOR-

REPORTING STAFF MEMBER:

Christine Slaughter Christine Slaughter
(Print Name) (Sign Name)

Supervisor Review:

Sgt A. Graham
(Print Name)

Sgt A. Graham
(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: Currently on pre-DD status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG A. Graham
(Shift Supervisor's Signature)

3/15/18
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/20/18 Time: ANY hrs. Place: ANY
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

Sgt Jones
(Staff Signature)

3-20-18/1330
(Date & Time)

did not sign
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: WHITEFORD, M. ID # 301594 Date: 3-22-18

Infraction Number(s) & Name(s) 4235-THREATENING 4208-INSOLENCE

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I DIDN'T SAY IT. I SAID I KNOW YOU GUYS

ARE GOING TO BE PROTECTING HIM, THERE'S A FAILURE
OF COMMUNICATION BETWEEN US, BUT I DID SAY
I WOULD BEAT HIS ASS. I THINK SHE'S RETALIATING.
SHOULDN'T DO MY HEARINGS.

NO DUE PROCESS, NO WITNESS STATEMENTS

Evidence Provided: INFRACTION REPORT

Findings: ☒ Guilty of # 4235/4208 ☐ Not Guilty of # _____

Evidence Relied On: INFRACTION REPORT

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 4235- 25 DAYS RETENTION
4208- AGGREGATED WITH 4235

Reason(s) for findings:

ANY THREATS ARE
UNACCEPTABLE. INMATES' ESCALATING BEHAVIOR UNDERSCORES
THE SERIOUSNESS OF HIS THREATS, AND HE CONTINUES TO
INVEST ST. SMITH IS IN DANGER FROM HIM.

ADMINISTRATIVE REVIEW / DATE 3/26/18

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: [Signature]

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Revised: December 2014

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

RECEIVED BY

APR 02 2018

Disciplinary Appeal

(major infractions only)

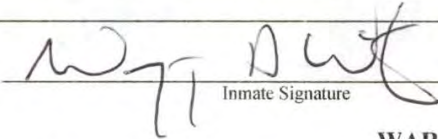
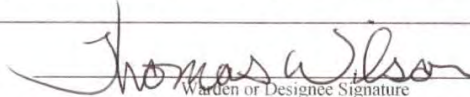
DISCIPLINARY

Inmate's Name: WATFORD, M ID # 3015941Date: 3/22/18 Infraction(s): 4235- ZITREATING 4208- INSULTENCEDisciplinary Hearing Decision: 4235- 25 days DET 4208 AGG w/ 4235**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed. Due Process Violations- No time to prepare defense- No Incident reports- No Access to policies, rules, or procedures.

3. The sanction(s) is excessive.


Inmate Signature3/30/18
DateJust got out of 150 cell. Off BMD just got my stuff.**WARDEN OR DESIGNEES RESPONSE****Warden or designee:**Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:**Written justification for the action taken above:**THE DECISION OF THE DHO IS CORRECT
Warden or Designee Signature4/2/18
DateCopies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

DMTS AWEXHIBIT D
EXHIBIT D

STATE OF MONTANA, DEPARTMENT OF CORRECTIONS
MSP ☐ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY
MAR 15 2018 3
DISCIPLINARY

Inmate Name: Whiteford Makueyaec ID # 3015941
Last name First Name
Date: 3-14-18 Time: 0140 Place of Incident: LH1 LA2
Room/Cell: LA2 Housing Unit: LH1 Job Assignment: 99999
Infraction Number(s) & Name(s) 4208 Insolence

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time I c/o King, John witness Im Whiteford, Makueyaec, I.D. # 3015941 using profanity and insolence towards Sgt. Malcomp. Calling him a racist towards Indians. E.O.R.

REPORTING STAFF MEMBER: John King John King
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: Currently on Pre Hearing Confinement

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

John King 3/15/18 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/19/18 Time: any Place: LH01
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form).
- Present evidence and witnesses on my behalf. ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form.

Other pertinent notations: Sullivan, Henderson, Bird, Kicking woman, White
Ghostblay, Gardner Inmate given copies
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

K. J. King 3/15/18 John King
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford Makueyee ID # 3015941 Date: 3-19-18

Infraction Number(s) & Name(s) 4208- Insolence

☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I wasn't given a copy and I can't prepare a defense

Evidence Provided: Infraction Report

Findings: ☒ Guilty of # 4208 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 4208 - Refer to VMT

Reason(s) for findings:

Inmate currently on det until 4-8-18. Inmate was given copies witnessed by staff. Inmate left hearing with IPS due to behavior.

Thomas Wilson 3-10-18 K Sure 3-19-18
ADMINISTRATIVE REVIEW / DATE DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Inmate removed from hearing

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

MAR 15 2018

DISCIPLINARY

Inmate Name: Whitford Makuevace ID # 3015941
Last Name First Name
Date: 3-14-18 Time: 2320 Place of Incident: LH1; LA2
Room/Cell: LA2 Housing Unit: LH1 Job Assignment: 99999
Infraction Number(s) & Name(s): 4207 encourage others in an unauthorized
coordinated activity

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and
approximate time T. C. King, John was called back to "A"
block for a second flood on the block. In Whitford,
M. I. D. # 3015941 was encouraging everybody on the
block to flood. E.O.R.

REPORTING STAFF MEMBER:

John King
(Print Name)

John T. King
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other

Reason: Currently on PHE PD-

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]
(Shift Supervisor's Signature)

3/15/18
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/19/18 Time: any Place: LH01
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf. ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form.
- Other pertinent notations: Henderson, Sullivan, Bird, Lickington, White
Ghostbear, Gardner Inmate Quencopie

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
(Staff Signature)

3-12-18 0912
(Date & Time)

[Signature]
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford Makueeyae ID # 3015941 Date: 3-19-18

Infraction Number(s) & Name(s) 4207- Encouraging a coordinated event

☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty

Inmate's Statement: _____

☒ Other: Inmate removed from hearing due to behavior

Evidence Provided: Infraction Report / Statements

Findings: ☒ Guilty of # 4207 ☐ Not Guilty of # _____

Evidence Relied On: Infraction Report / Staff Statement

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 4207- \$10 Restitution Flood Cleanup
- Refer to Unit

Reason(s) for findings: _____

Inmate was verbally encouraging the block to flood which resulted in several flooding incidents. Inmate on detention until 4-8-18. Removed from hearing due to behavior so held without him.

ADMINISTRATIVE REVIEW / DATE 3-20-18

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM K. Sullivan 3-19-18

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

Inmate removed from hearing

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐

RECEIVED BY
MAR 12 2018
DISCIPLINARY

Inmate Name: Whitford Makueeyapce ID # 3015941
Last name First Name
Date: 3/9/18 Time: 1125 Place of Incident: LHU-1 E-block
Room/Cell: WE-3 Housing Unit: LHU-1 Job Assignment: 99999 unassigned
Infraction Number(s) & Name(s) 4213: Refusing to obey a verbal direct order from a staff member
4220: Intentionally obstructing hindering or impeding staff

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time I, SSG Segovia, went to LHU-1 in an attempt to move inmate Whitford to lock up. Once in the unit I gave multiple direct orders to inmate Whitford to uncover his window and come to the slot to be cuffed which he refused. Due to inmate Whitford's actions the 2nd shift IPS team had to interrupt their daily activities to extract inmate Whitford. EOE.

REPORTING STAFF MEMBER: _____

Daniel Segovia
(Print Name)

[Signature]
(Sign Name)

Supervisor Review: _____

(Print Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement

☐ Release to Previous Status

☐ Other

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG Snowden
(Shift Supervisor's Signature)

3/9/18
(Date)

[Signature]
(Warden or Designee Signature)

3/11/18
(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/14/18 Time: Any hrs. Place: LHU-1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
(Staff Signature)

3-9-18@1245
(Date & Time)

[Signature]
(Inmate's Signature / ID#)

301594

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyapee ID # 301594 Date: 3.14.18

Infraction Number(s) & Name(s) 4213-Refusing an order; 4220-obstructing

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: My window was still covered from before, I haven't had the chance to prepare a defense.

Evidence Provided: infraction report, incident reports

Findings: ☒ Guilty of # 4213/4220 ☐ Not Guilty of # _____

Evidence Relied On: infraction report, incident report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] 5 Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 10 days attention
ENIS 3.4.8.18
Ref to unit

Reason(s) for findings:

Offender refused an order to cuff up, which required BIPS to respond, which hindered them from their regular duties.

ADMINISTRATIVE REVIEW / DATE 3/16/18

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM G. Slaughter 3.14.18

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#:

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

RECEIVED BY

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MAR 16 2018

MSP 3.4.1
Attachment J

DISCIPLINARY

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**Disciplinary Appeal**

(major infractions only)

Inmate's Name:

Whitford, Makuee Yapee ID # 3015941Date: 3/14/18Infraction(s): 4213-Ref. an order; 4220-obstructingDisciplinary Hearing Decision: 10 days det, refer to unit**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed.

I was given no right to prepare, no notice of revised procedure

3. The sanction(s) is excessive.

Wgt Whit
Inmate Signature3/16/18
Date**WARDEN OR DESIGNEES RESPONSE****Warden or designee:**

Is there sufficient evidence and documentation to support the finding?

YES ☒NO ☐

Is there substantial compliance with applicable disciplinary procedures?

YES ☒NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☒NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed shall be:☐ reduced to:☐ suspended for:**Written justification for the action taken above:**THE DECISION OF THE DHO IS CORRECTThomas Wilson
Warden or Designee Signature3/20/18
Date

Copies to: 1. Records

2. Parole Board

3. Housing Unit

4. Inmate

OKS ANEXHIBIT D
EXHIBIT D



Montana Department of Corrections

 COMMAND POST *[Signature]*
 Initial-Approved

Statement of Incident

Title: Whitford/LHU-1
 Incident Date: 03/09/2018 Incident Time: 07:00 AM
 Jurisdiction: Montana State Prison
 Statement #: 9123
 Statement Date: 03/09/2018

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/UPPER/2

Summary of Incident

On the above date and time, I Sgt. Christensen was conducting tray pick up on the east side of the building when a floor officer called for me to come to E block. I went to the block and saw the UE-2 cell window was completely covered in paper. I approached the cell and the officer told me I/M Whitford was responsive and is refusing to return his breakfast tray. I then took over and began to talk to I/M Whitford. He informed me that he along with other inmates are starting a civil/inmate rights movement. I asked him what it entailed and he said that back on March 9, 1863 a man was tried and hung in downtown Deer Lodge and afterwards it was discovered the man was falsely accused. He then told me that what they are wanting is a more fair housing program for locked housing inmates. I asked him what he meant and he said the following, more access to library/legal library, fair and non-bias hearings officers, all hearing to be recorded and more privileges for locked housing inmates. I then convinced him to remove one piece of paper out of the window if I made a phone call for him. He removed one piece of paper so I could see inside his cell and handed out his food tray. Everything in his cell appeared as normal. I then left the block and notified command post of the situation. I was instructed to complete the write up for tampering with or blocking a locking device and participating in an unauthorized meeting or gathering. I completed the write up and then went and attempted to get inmate Whitford to be placed in restraints to which he refused. I gave Whitford multiple direct orders and multiple opportunities to be handcuffed to which he refused. All he said was "get a lieutenant up here or a captain". I then left the block and notified command post of what he said. IPS was then sent to the unit and Whitford was removed from his cell and escorted to LA-5 and placed PHC-DD status. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Christensen, Don

Reporting Staff: Christensen, Don

Title: Correctional Officer Sgt

Signature: *[Signature]*

Date: 3/9/18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed & Distributed*Supervisor Name: *Thomas Spradlen*Title: *Staff Sergeant*

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 11:42 AM

Page 1 of 2

Original - 09/14/2016

 EXHIBIT D
 EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford/LHU-1 Statement #: 9123
Incident Date: 03/09/2018 Incident Time: 07:00 AM Statement Date: 03/09/2018
Jurisdiction: Montana State Prison

Signature: Sgt. Snowden Date: 3-9-18
Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 11:42 AM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

COMMAND POST/ TS
Initial-Approved

Statement of Incident

Title: Whitford refusal of order Statement #: 9135
 Incident Date: 03/09/0018 Incident Time: 11:25 AM Statement Date: 03/09/2018
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/UPPER/2/LHU-1 UE-3 to LA-5

Summary of Incident

On the above date and time I, SSG Segovia, was called by command post and told inmate Whitford is trying to incite a resistance in LHU-1 and is refusing lock up. Myself and the 2nd shift IPS team responded to LHU-1 were I was told by unit staff that inmate Whitford has covered his window and is refusing direct orders to come to the slot to be cuffed. I went on to E-block and approached inmate Whitford's cell and gave him a direct order to uncover his window and come to the slot to be cuffed. There was no response from Whitford and I again told him to uncover his window and come to the slot to be cuffed. Inmate Whitford respond with "who?" I stated to inmate Whitford "This is SSG Segovia from IPS are you going to uncover your window and cuff up?" Inmate Whitford responded with "Who, SSG Sequa and who is the rest of them?" I said to inmate Whitford "yes SSG Segovia and the IPS team, are you going to cuff up?" Inmate Whitford just get responding with "who" and I told him that I would be coming back on the block. At that time I left the block and started my cell extraction procedures. Once on the block again I approached inmate Whitford's cell and I could already see him removing the paper out of his window. I asked him if he was going to cuff up for me and inmate Whitford responded "Yeah, I just wanted to see what you guys looked like dressed up." Inmate Whitford backed up to the slot and was cuffed behind the back. The restraint retainer was applied and inmate Whitford was escorted to LA-5. Inmate Whitford's clothing was removed and he was told to kneel down by the door. The door was shut and the restraints were removed without any incident. EOR

Involved Persons

Category	Person	Narrative
Staff	Cales, Mitchell	
Staff	Dohr, Josh	
Staff	Piilola, Jared	
Staff	Kent, Garrett	
Staff	Williamson, Daniel	
Staff	Baltezar, Beau	
Staff	Graveley, Nicholas	

Source and Documentation

Confidential Informant: No

Information Source: Staff Snowden, Thomas

Reporting Staff: Segovia, Daniel

Title:

Signature:

Date: 3/9/18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford refusal of order Statement #: 9135
Incident Date: 03/09/0018 Incident Time: 11:25 AM Statement Date: 03/09/2018
Jurisdiction: Montana State Prison

Supervisor Review and Remarks: Reviewed & Distributed / No Force Used

Supervisor Name: Thomas Snowden Title: Staff Sergeant
Signature: Seg Snowden Date: 3-9-18

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:14 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

COMMAND POST 13
Initial-Approved

Statement of Incident

Title: Whitford refusing orders

Statement #: 9139

Incident Date: 03/09/2018

Incident Time: 11:05 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/UPPER/2/UE2 to LA5

Summary of Incident

On the above time and date the I, IPS Williamson, and second shift IPS team responded to LHU1 for inmate Whitford, Makueeyapee (3015941) for covering his window and refusing to cuff up to be moved. He was attempting to incite a resistance on E block. When we arrived SSGT Segovia told him "Im SSGT Segovia IPS please come to your slot and cuff up," attempting to get inmate Whitford to comply with orders and cuff up. Inmate Whitford refused and kept asking who was on the block. SSGT Segovia again asked him to cuff up and uncover his window. Inmate Whitford continued to refuse to comply and continued to ask who was there. SSGT Segovia then gave him a final warning and told him that the least amount of force necessary would be used to ensure his safety. We then put on our extraction gear and returned to his cell. When we arrived he had removed his window covering and come to the slot to cuff up. We then opened his cell and escorted him to cell Lower A5. We conducted an unclothed body search and then uncuffed him. No force was used. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Segovia, Daniel	
Staff	Kent, Garrett	
Staff	Cales, Mitchell	
Staff	Baltezar, Beau	
Staff	Piilola, Jared	
Staff	Dohr, Joshua	
Staff	Graveley, Nick	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Williamson, Daniel

Reporting Staff: Williamson, Daniel

Title: Correctional Officer

Signature: _____

Date: _____

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed & Distributed

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford refusing orders

Statement #: 9139

Incident Date: 03/09/2018

Incident Time: 11:05 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Supervisor Name: Thomas Snowden

Title: Staff Sergeant

Signature: Sgt Snowden

Date: 3-9-18

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:28 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D

COMMAND POST

Initial-Approved



Montana Department of Corrections

Statement of Incident

Title: whitford #3015941

Statement #: 9137

Incident Date: 03/09/2018

Incident Time: 11:25 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/E/UPPER/2/e-block moved to a-block to la-5.

Summary of Incident

On above date and approx. time ssg. snowden called 2nd shift ips team that inmate whitford refusing to cuff up for unit staff for starting a resistance. The ips team arrived to locked housing unit 1 and the team went to e-block to ue-2 and ips ssg. Segovia asked inmate whitford to uncover his window and cuff up inmate whitford said "who" and ips ssg. Segovia asked inmate whitford again to uncover his window and cuff up inmate whitford said "who and who all these guys" while peeking out his covered window. The ips team left e-block to put on our extraction gear and went back on to e-block to ue-2 and inmate whitford had his window uncovered and ips ssg. Segovia asked inmate whitford to cuff up inmate whitford did and was moved to a-block to la-5 and his scrubs were cut off and the team backed out of the cell and cell door was closed and cuffs were removed without further incident.

Involved Persons

Category	Person	Narrative
Staff	Segovia, Daniel	
Staff	Kent, Garrett	
Staff	Baltezar, Beau	
Staff	Piilola, Jared	
Staff	Dohr, Josh	
Staff	Williamson, Daniel	
Staff	Graveley, Nicholas	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Snowden, Thomas

Reporting Staff: Cales, Mitchell

Title: Correctional Officer

Signature: *Mitchell Cales*

Date: 3-9-18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Reviewed & Distributed

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this Incident will be collected and combined into a single Incident report.

Printed: 03/09/2018 @ 12:09 PM

Page 1 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: whitford #3015941

Statement #: 9137

Incident Date: 03/09/2018

Incident Time: 11:25 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Supervisor Name: Thomas Snowden

Title: Staff Sergeant

Signature: [Signature]

Date: 3-9-18

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:09 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

COMMAND POST *JB*
Initial-Approved

Statement of Incident

Title: Whitford extraction Statement #: 9131
Incident Date: 03/09/2018 Incident Time: 11:25 AM Statement Date: 03/09/2018
Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/E/UPPER/2/Upper E2 LHU1

Summary of Incident

On the above date and time I IPS officer along with 2nd shift IPS were call by command post to respond to LHU1 due to inmate Whitford, M#3015941 refusing to cuff up for unit staff and trying to start a resistance. Upon our arrival we entered E block and IPS SSG Segovia gave inmate several direct orders to uncover his window and cuff up, he refused all orders. We left the block and geared up. Once back on E block IPS SSG Segovia gave inmate Whitford a direct order to cuff up and Whitford said "Yes I will I just wanted to see what you guys looked like when you are all dressed up". Inmate Whitford was restrained without force and escorted to lower A 5 we cut his clothes off and exited the cell with out incident.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Segovia, Danel	
Staff	Dohr, Josh	
Staff	Cales, Mitchell	
Staff	Piilola, Jared	
Staff	Baltezar, Beau	
Staff	Williamson, Daniel	
Staff	Graveley, Nicholas	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Snowden, Thomas

Reporting Staff: Kent, Garrett

Title: Correctional Officer

Signature: *[Signature]*

Date: 3/9/18

Notes

No Notes are associated with this Incident Statement.

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed & Distributed*

Supervisor Name: *Thomas Snowden*

Title: *Staff Sergeant*

Signature: *Thomas Snowden*

Date: 3-9-18

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:04 PM

Page 1 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: whitford extraction

Statement #: 9131

Incident Date: 03/09/2018

Incident Time: 11:25 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:04 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

COMMAND POST TS
Initial-Approved

Title: Whitford, Makueeyapee #3015941

Statement #: 9133

Incident Date: 03/09/2018

Incident Time: 11:25 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/E/UPPER/2/LHU-1 UE2 to LA5

Summary of Incident

On the above date and approx. time, 1 IPS Dohr, along with the 2nd shift IPS Team responded to LHU-1 UE2 due to Inmate Whitford trying to start a resistance and refusing to cuff up. Once we arrived at the unit, we went to UE2 and SSG. Segovia gave multiple orders to uncover his window and cuff up. Inmate Whitford refused all orders. We then left the block and put on extraction gear. A video introduction was done and we returned to UE3. As we approached the cell Inmate Whitford removed the paper covering his window. SSG. Segovia gave another order to cuff up and Inmate Whitford stated "I just wanted to see what you looked like dressed up." Inmate Whitford was then cuffed and the restraint retainer was attached. The cell door then opened and leg irons were applied. Inmate Whitford was then escorted to LA5. Once in LA5 we cuff off Inmate Whitford's clothes and removed the leg irons. We Then exited the cell. Handcuffs were then removed without incident. EOR

Involved Persons

Category	Person	Narrative
Staff	Segovia, Danel	
Staff	Kent, Garrett	
Staff	Cales, Mitchell	
Staff	Baltezar, Beau	
Staff	Piilola, Jared	
Staff	Williamson, Daniel	
Staff	Graveley, Nicholas	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Snowden, Thomas

Reporting Staff: Dohr, Josh

Title: Correctional Officer

Signature: [Signature]

Date: 3-9-18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: Reviewed & Distributed

Supervisor Name: Thomas Snowden

Title: Staff Sergeant

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:07 PM

Page 1 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford, Makueeyapee #3015941

Statement #: 9133

Incident Date: 03/09/2018

Incident Time: 11:25 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Signature: *Sig. Snowden*

Date: 3-9-18

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:07 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

COMMAND POST *JS*
Initial-Approved

Title: Whitford, M #3015941 Refusal to cuff up

Statement #: 9127

Incident Date: 03/09/2018

Incident Time: 11:25 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/E/UPPER/2/Moved to LA5

Summary of Incident

On the above date and approximate time I, IPS Piilola, along with the 2nd Shift IPS Team, responded to LHU-1 for inmate Whitford #3015941, inciting to start a resistance and refusing to cuff up. Upon arriving to the unit, the team went to UE-2 and SSG Segovia gave multiple direct orders to come to the slot and cuff up, inmate Whitford denied the direct orders. We then went and geared up. The team returned to the block and SSG Segovia asked if he was "going to come to the slot and cuff up?" Inmate Whitford replied with "yes, I just wanted to see what you guys looked like dressed up." The food slot was opened and inmate Whitford put his hands out, the handcuffs were placed, along with the restraint retainer. Inmate Whitford was escorted to LA5 and told to lay on the bed. He again complied and his clothes were removed. The team then backed out of the cell and inmate Whitford was told to kneel in front of the door. The door was closed and the restraints were removed without further incident. EOR

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Segovia, Daniel	
Staff	Kent, Garrett	
Staff	Baltezar, Beau	
Staff	Cales, Mitchell	
Staff	Graveley, Nick	
Staff	Williamson, Daniel	
Staff	Dohr, Joshua	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Snowden, Thomas

Reporting Staff: Piilola, Jared

Title: Correctional Officer

Signature: *[Signature]*

Date: 3/9/18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Reviewed & Distributed

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:02 PM

Page 1 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford, M #3015941 Refusal to cuff up

Statement #: 9127

Incident Date: 03/09/2018

Incident Time: 11:25 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Supervisor Name: Thomas Snowden

Title: Staff Sergeant

Signature: Sgt Snowden

Date: 3-9-16

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:02 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

COMMAND POST 15
Initial-Approved

Statement of Incident

Title: whitford LHU-1

Statement #: 9125

Incident Date: 03/09/2018

Incident Time: 11:25 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/E/UPPER/2/LHU-1 UE-2 to LHU-1 LA-5

Summary of Incident

On the above date and time I IPS Graveley along with the 2nd shift IPS team responded to LHU-1 for inmate Whitford, M #3015941 trying to start a resistance on the block and refusing to cuff up for unit staff. When we arrived in LHU-1 we went to UE-2 where Whitford was being housed. SSG Segovia gave inmate Whitford several direct orders to uncover his window and come to the slot and cuff up which inmate Whitford ignored. The 2nd shift IPS team then went and geared up and SSG Segovia started the cell extraction procedure. We then went to UE-2 and SSG Segovia told inmate Whitford to cuff up and he complied and said "I just wanted to know what you guys looked like." the door was opened and I put a spit hood on inmate Whitford. Inmate Whitford was then escorted to LA-5 where we removed his clothes. We then exited the cell and uncuffed inmate Whitford without further incident. E.O.R.

Involved Persons

Category	Person	Narrative
Staff	Pillola, Jared	
Staff	Baltezar, Beau	
Staff	Dohr, Josh	
Staff	Cales, Mitchell	
Staff	Kent, Garrett	
Staff	Williamson, Daniel	
Staff	Segovia, Daniel	
Offender	Whitford, Makueeyapee - 3015941	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Snowden, Thomas

Reporting Staff: Graveley, Nick

Title: Correctional Officer

Signature: N. GraveleyDate: 3-9-18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Reviewed & Distributed

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:01 PM

Page 1 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: whitford LHU-1

Statement #: 9125

Incident Date: 03/09/2018

Incident Time: 11:25 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Supervisor Name: Thomas Snowden

Title: Staff Sergeant

Signature: Sgt Snowden

Date: 3-9-18

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:01 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

COMMAND POST

Initial-Approved

Statement of Incident

Title: respond to LHU1 whitford #3015941

Statement #: 9129

Incident Date: 03/09/2018

Incident Time: 11:25 AM

Statement Date: 03/09/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? No

Location: LHU1 UE2 to LA5

Summary of Incident

On the above date and time I, IPS Baltezar along with IPS SSGT Segovia and IPS Officers Cales, Kent, Graveley, Dohr, Williamson and Piilola respond to LHU1 due to inmate Whitford refusing orders and trying to start a resistance on E block in LHU1. SSGT Segovia gave Whitford multiple orders to cuff up and uncover his window, he refused. The team geared up for an extraction. The team entered E-Block and went to UE2 and Whitford was told to cuff up. He complied and stated "I just wanted to see you guys all geared up." Restraints were placed on Whitford and he was escorted to LA5 where his clothing was removed and we left the block without further incident.

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Staff - Snowden, Thomas

Reporting Staff: Baltezar, Beau

Title: Correctional Officer

Signature: *B. Baltezar*

Date: 3-9-18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: *Reviewed & Distributed*Supervisor Name: *Thomas Snowden*Title: *Staff Sergeant*Signature: *Sgt Snowden*

Date: 3-9-18

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input checked="" type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 03/09/2018 @ 12:04 PM

Page 1 of 1

Original - 09/14/2016

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

MAR 19 2018

3

DISCIPLINARY

Inmate Name: Whitford Last name Makueyapoe First Name ID # 3015941

Date: 3/9/18 Time: 0900 Place of Incident: LHU-1 UE-2

Room/Cell: UE-2 Housing Unit: LHU-1 Job Assignment: 99999-Unassigned

Infraction Number(s) & Name(s) 4207- Participating in, or encouraging others to participate in unauthorized meeting, gathering or coordinated activity
4212- Willfully tampering with damaging or blocking window or other security safety device.

Staff Witness: 1. _____
2. _____

Other Inmates involved 1. _____
2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time, I Sgt. Christensen went to UE block in LHU-1 to speak with inmate Whitford. I/m Whitford had completely covered his window so no staff could see in his cell and was refusing to return his breakfast tray to staff. I spoke with Whitford for a few minutes and he informed me he was starting a protest to advocate for better/more fair living conditions for inmates in the locked housing. I then informed him that if he didn't remove the paper from his cell window and return his food tray he will be written up and he responded "it doesn't matter". He then handed out his food tray but left the paper covering his cell window.

EOR

REPORTING STAFF MEMBER: Sgt. Christensen (Print Name) Sgt Christensen (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other
Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Sgt. Snowden (Supervisor's Signature) 3/9/18 (Date) [Signature] (Warden or Designee Signature) 3/11/18 (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/14/18 Time: Any hrs. Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature] (Staff Signature) 3-9-18@1245 (Date & Time) [Signature] (Inmate's Signature / ID#) 3015941

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Nakueyapee ID # 301594 Date: 3.14.18

Infraction Number(s) & Name(s) 4207-Enc. Color. Act; 4212-tampering w/

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION NEEDED locking device

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I haven't had a chance to prepare a

defense because I don't have access to
policies, rules, and procedures.

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4207 / 4212 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Revoke 15 days detention from 2.1.18
END 3.29.18

*25.00 fine
Refu to unit

Reason(s) for findings: offender blocked his cell

window and attempted to to create a protest.

ADMINISTRATIVE REVIEW / DATE 3/16/18 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM C. Slaughter 3.14.18

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: X N 77 D W

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

RECEIVED BY

MAR 16 2018

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP 3.4.1
Attachment JMSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY

Disciplinary Appeal

(major infractions only)

Inmate's Name: Whitford, Makueyape ID # 3015941
 Date: 3/14/18 Infraction(s): 4207-Enc. Corr. Act; 4212-tampering w/
 Disciplinary Hearing Decision: Revoked 15 days det; \$25.00 fine; 10 days lock
Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed.

I was given no right to prepare a defense, no notice of procedures

3. The sanction(s) is excessive.

N-gt D WJ
Inmate Signature3/16/18
Date**WARDEN OR DESIGNEES RESPONSE****Warden or designee:**

Is there sufficient evidence and documentation to support the finding?

YES ☒ NO ☐

Is there substantial compliance with applicable disciplinary procedures?

YES ☒ NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed shall be:☐ reduced to:☐ suspended for:**Written justification for the action taken above:**THE DECISION OF THE DHO IS CORRECTThomas Wilson
Warden or Designee Signature3/20/18
Date

Copies to: 1. Records

2. Parole Board

3. Housing Unit

4. Inmate

DM IS ANEXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name: _____

Last name

First Name

ID #

Date: 3-9-18Time: 1230Place of Incident: LH41Room/Cell: LA-05Housing Unit: LH41Job Assignment: unassigned 9999

Infraction Number(s) & Name(s)

4208 Insolence

Staff Witness: 1. _____

2. _____

Other Inmates involved 1. _____

2. _____

Description of Violation: (who, what, why, where, when and how):

on the above date
at approximately time I, ST Smith, was serving papers
to inmates on LA Block in LH41. while I was
in the A-Block Salty Port w/ the door open
I/M Whitford began calling me a punk he then repeats
told me to "suck a dick" these comments were
unprovoked. EOR

REPORTING STAFF MEMBER: _____

George Smith
(Print Name)

Supervisor Review: _____

St. Christensen
(Print Name)Inmate Status: ☐ Pre-Hearing Confinement☒ Release to Previous Status☐ OtherReason: Already PAC/DD

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Sgt. Swenden
(Shift Supervisor's Signature)3/5/18
(Date)

(Warden or Designee Signature)

/ /
(Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 3/15/18 Time: any Place: LH41
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Inmate given copies

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witness and witness statements, and my right to an appeal.

K. Sore
(Staff Signature)3-15-18 0908
(Date & Time)XM
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford, Nakueyape #301594 Date: 3.15.18
Infracton Number(s) & Name(s) 4208 - Insolence
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☒ Guilty ☐ Not Guilty ☒ Other: cr
Inmate's Statement: Inmate plead guilty

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4208 ☐ Not Guilty of # ____
Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5⁺ Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$30.00 fine

Reason(s) for findings:

offender used vulgar language toward staff. Offender sewing near max detention time. Offender removed from hearing due to threatening statements.

ADMINISTRATIVE REVIEW / DATE 3/6/18

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM C. Seay 3.15.18

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Removed from hearing / cr

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Investigator Comments:-

I'm waived hearing.

I'm plead guilty & said he'd take care of it later.

wait until I catch him by himself
until I beat my ass.

Investigator:

Ki

Date:

3-13-18

Page _____ of _____

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

3
RECEIVED
INP
U44
JAN 31 2018
DISCIPLINARY

Inmate Name: Whitford, Maruac Yapee ID # 3015941
Last name First Name
Date: 1-30-18 Time: 0900 Place of Incident: LHU1
Room/Cell: U4-04 Housing Unit: LHU1 Job Assignment: Unassigned 99999
Infraction Number(s) & Name(s)

4235 - Threatening Staff
4208 - Insolence

Staff Witness: 1. DHO Karlz Irie
2. _____

Other Inmates involved 1. _____
2. _____

Description of Violation: (who, what, why, where, when and how): On the above date
and time I was escorting DHO Irie to serve infractions
on inmates in LHU1 when she was serving I/M Whitford
He began yelling at me. On more than one occasion he
stated that "I will kick your fucking ass". He also said "I will
find you". I/M Whitford called me a "punk" and a "bitch"
DHO Irie tried to get him to calm down and finish
serving the infraction. He refused to do so and continued
to yell at me. EOP

REPORTING STAFF MEMBER:

George Smith
(Print Name)

[Signature]
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement☒ Release to Previous Status☐ OtherReason: Currently on phc-DD status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]
(Shift Supervisor's Signature)

1/30/18
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 2-7-18 Time: any hrs. Place: U4U1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form.
- Other pertinent notations: Refused to be served

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]
(Staff Signature)

2/6/18/0857
(Date & Time)

Refused
(Inmate's Signature)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒ MINOR ☐
Inmate's Name: Whitford, Nakueyapee ID # 301594 Date: 2-7-18
Infraction Number(s) & Name(s) 4235 - threatening; 4208 - Insolence
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to sign infraction
Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4235/4208 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 20 days detention, 85 90 days
Refu to unit

*Offender serving max detention time
Reason(s) for findings: Offender threatened to harm staff + used vulgar language toward staff.
Offender refused to sign infraction report
hearing held w/out him per policy.
2/9/18 2-7-18

ADMINISTRATIVE REVIEW / DATE

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL
Inmate's Signature / ID#: Refused to sign infraction

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

DISCIPLINARY

Inmate Name: Whitford Last name Makueyapee First Name ID # 3015941
Date: 1-28-18 Time: 1455 Place of Incident: LHUI LA Shower
Room/Cell: LA7 Housing Unit: LHUI Job Assignment: 99999
Infraction Number(s) & Name(s) 4235-Threatening Staff

Staff Witness: 1. N/A
2. _____

Other Inmates involved 1. N/A
2. _____

Description of Violation: (who, what, why, where, when and how): On the above time and date I, Sgt. Machler, was showering A-Block. I was called over to the shower. In Whitman was occupying the shower. He started talking about how I should avoid S.T. Smith Security Tech Smith. I then asked him why. He said that S.T. Smith was the reason he was a smart escort with a spit hood. He then went on to say "I'm gonna beat that Smith's ass good. It doesn't matter how long it takes. I could take years. I don't matter. End of Report."

REPORTING STAFF MEMBER:

Sgt Machler
(Print Name)

Sgt Machler
(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status☒ OtherReason: currently on PHC Status.

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Thomas O. M...
(Shift Supervisor's Signature)

1 28 18
(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 2/1/18 Time: any Place: LHUI
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: Refused to be served

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

R. J. ...
(Staff Signature)

1-30-18 0904
(Date & Time)

Makueyapee
(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

Inmate's Name: Whitford, Makueyapa # 8015941 Date: 2.1.18
Infraction Number(s) & Name(s) 4235-Threatening
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to be Sewed
Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4235 ☐ Not Guilty of # ____
Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 15 days detention ss 90 days

Reason(s) for findings:

Offender threatened to harm staff. Offender refused to be Sewed - sign infraction - hearing held w/out him per policy. Sewing may detention time.
2/6/18 C. Stalder 2.1.18

ADMINISTRATIVE REVIEW / DATE

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#:

Refused to sign infraction / OK

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING
(Information and staff signatures on this form must be legible)
MAJOR ☒ MINOR ☐

RECEIVED BY 3
JAN 26 2018
DISCIPLINARY

Inmate Name: Whitford, Makueyaper ID # 3015941
Last name First Name
Date: 1-25-18 Time: approx 1030 Place of Incident: LHU1 St office
Room/Cell: LA-07 Housing Unit: LHU1 Job Assignment: un 99999
Infraction Number(s) & Name(s)

4235 threatening Staff.
4303 - Insolence

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time I/M Whitford charged at me in attempt to assault me. He attempted to spit on me and attempted to bite me. I/M Whitford made several threats to harm me and kill me. He also made a threat about my family to harm them I/M Whitford yelled to the inmates on the block "Green light Smith". He yelled it loud enough for the inmates on the blocks to hear.

REPORTING STAFF MEMBER:

George Smith
(Print Name)

George Smith
(Sign Name)

Supervisor Review:

Dgt. Conclen
(Print Name)

Dgt. Conclen
(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other

Reason: Security threat SEC. G.

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG [Signature]
(Shift Supervisor's Signature)

1/25/18
(Date)

[Signature]
(Warden of Designee Signature)

1/26/18
(Date)

on or before			
NOTICE OF HEARING/PREHEARING ACTION			
I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.			
1. Hearing Date:	<u>1/30/18</u>	Time:	<u>Any</u> hrs. Place: <u>LHU1</u>
2. I understand the charge(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, verbally explain the charge(s) to the inmate).		
3. I waive my right to a hearing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if yes, have inmate sign an Agreement/Waiver/Refusal form)		
4. Present evidence and witnesses on my behalf.	<input type="checkbox"/> Yes <input type="checkbox"/> No If inmate has witnesses, have him/her complete a Witness Request form		
5. Other pertinent notations: <u>Inmate copy left in Sgt office</u>			
I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.			
<u>[Signature]</u> (Staff Signature)	<u>1-26-18 1025</u> (Date & Time)	<u>[Signature]</u> (Inmate's Signature / ID#)	

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒ MINOR ☐
Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 1.30.18
Infraction Number(s) & Name(s) 4235 - threatening; 4303 - insolence
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Waived hearing
Inmate's Statement: _____

Evidence Provided: infraction report, incident reports, use of force

Findings: ☒ Guilty of # 4235 / 4108 (4111) ☐ Not Guilty of # ____
Evidence Relied On: infraction report, incident reports

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 30 days detention
END 1.3.18
Refu to unit

Reason(s) for findings:

Offender was insolent + made threatening remarks to staff and attempted to assault staff. Offender waived hearing.

ADMINISTRATIVE REVIEW / DATE 1/3/18

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM G. Slaughter 1.30.18

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Waived hearing

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)



**State of Montana
DEPARTMENT OF CORRECTIONS
USE OF FORCE INFORMATION SHEET**

OFFENDER INFORMATION

Offender Name: Whitford, Makweeyapee DOC ID#: 3015941 Unit LH01 Custody: MAX
 Race Code: ☒ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other

INCIDENT INFORMATION

Date of Incident: 1/25/18 Time of Incident: 1030 A.M. Place of Incident: LH01
 On-Scene Supervisor: Sgt. Trevor Candia Planned/Immediate Use of Force:
 Photographed? ☐ Yes ☒ No Videotaped? ☐ Yes ☒ No Processed as Evidence ☐ Yes ☒ No
 Administrator Notified? ☒ Yes ☐ No Date Notified: 1/25/18 Time Notified: 1045 A.M.

On-Scene Medical Staff: Time Notified:
 Medical Evaluation Completed?: ☒ Yes ☐ No By: EMILEE TASS Morehead RN
 Reporting Shift Supervisor: Michael D. Zuger Capt.

<u>Level of Force Applied</u>	<u>Reason for Force</u>
<input checked="" type="checkbox"/> Physical Force/Self Defense	<input checked="" type="checkbox"/> Self Defense/Defense of another
<input checked="" type="checkbox"/> Restraints	<input checked="" type="checkbox"/> Maintenance of Security
<input type="checkbox"/> OC	<input checked="" type="checkbox"/> Prevention of a Crime
<input type="checkbox"/> Chemical Agent	<input type="checkbox"/> Prevention of Suicide/Self Mutilation
<input type="checkbox"/> Batons	<input type="checkbox"/> Prevention of Escape
<input type="checkbox"/> Distraction Device	<input checked="" type="checkbox"/> Destruction of Property
<input type="checkbox"/> Conductive Energy Device	<input type="checkbox"/> Refusal of an Order
<input type="checkbox"/> SIMS	

Staff Involved

<u>Emilee Morehead R.N.</u>	<u>Cody Cross C.O.</u>
<u>Trevor Candia Sgt.</u>	<u>Kory Ryan C.O.</u>
<u>Ryan Anderson C.O.</u>	
<u>George Smith S.T.</u>	
<u>Dustin Palmer C.O.</u>	

Report Filed

☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☐ Yes ☐ No

Offenders Involved

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Victims or Others Involved

☐ Yes ☐ No
☐ Yes ☐ No



Montana Department of Corrections

Statement of Incident

Title: Whitford Use of Force
 Incident Date: 01/25/2018 Incident Time: 10:30 AM
 Jurisdiction: Montana State Prison

Statement #: 8023

Statement Date: 01/25/2018

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/Security Tech Smith's Office

Summary of Incident

On above date and approx. time, CO Palmer, Dustin and myself were escorting Inmate Whitford, M #3015941 to ST Smith's office for a file review. While in the sally port, Inmate Whitford asked if he could have his handcuffs removed and still have the belly chains on while reviewing the file. I told him "that is up to ST Smith's discretion while in his office." When we got in the office, Inmate Whitford turned to CO Palmer to have his cuffs removed and ST Smith told him "you don't need the cuffs off to review the file." At this point Inmate Whitford got upset and told Smith "you are nothing but a low life punk ass bitch and I hate dealing with you." ST Smith told Whitford "you are done in here, go back to your house." CO Palmer grabbed Whitford arm to escort him and Smith then got out of his chair and was walking around his desk to assist in escorting Whitford when Whitford turned toward ST Smith and spat in his direction and lunged toward Smith. ST Smith took Whitford to the ground outside of his office in the hall while myself and CO Palmer helped restrain him until SGT Cardin responded and relieved CO Palmer. Inmate Whitford began yelling "You're nothing but a punk as bitch, I am going to fucking kill you Smith, you better hope I don't get out. I will find your family and kill them all. I will fucking kill you Smith you just a punk ass bitch!" "Norquay, green light, Smith! Green light Smith!" At this time, LT Lamb and CPT Zuber arrived in the unit and Whitford was taken to A block to be placed in a cell. I grabbed the scissors out of the shield box to cut Inmate Whitford's clothes off. Inmate Whitford was placed in LA7. EOR

Involved Persons

Category	Person	Narrative
Staff	Cardin, Trevor	
Staff	Palmer, Dustin	
Staff	Cross, Cody	
Staff	Smith, George	
Staff	Anderson, Ryan	Escorting officer in LHU1

Source and Documentation

Confidential Informant: No

Information Source: Offender - Whitford, Makueeyapee 3015941

Reporting Staff: Anderson, Ryan

Title: Correctional Officer

Signature: *Cb Anderson*

Date: 1-25-18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 11:50 AM

Page 1 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford Use of Force

Statement #: 8023

Incident Date: 01/25/2018

Incident Time: 10:30 AM

Statement Date: 01/25/2018

Jurisdiction: Montana State Prison

Supervisor Name: _____ Title: _____

Signature: _____ Date: _____

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 11:50 AM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford Use of Force

Statement #: 8019

Incident Date: 01/25/2018

Incident Time: 10:30 AM

Statement Date: 01/25/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Locked Housing Unit 1/Security Tech Smith's Office

Summary of Incident

upon arrival to security tech Smith's office inmate Whitford asked to have his handcuffs removed to look at his file. Smith informed Whitford that he didn't need his cuffs off to look at his file. That is when inmate Whitford told Smith (you are a dumb punk ass bitch) Smith informed Whitford that he will be returning to his cell. Smith went to grab inmate Whitford's arm to escort him and Whitford then turned and tried to spit at Smith. Smith then had to apply use of force and took Whitford to the ground. myself and officer Anderson assisted in use of force. once on the ground inmate then began to threaten officer Smith. "you are a punk ass bitch" "I will fucking kill you and your family" "Norquay green light Smith, green light Smith." LT Lamb and CPT Zuber arrived in the unit, helped lift Whitford to his feet and escort him to LA3 where inmate Whitford continued to threaten officer Smith by saying "you're a punk ass bitch I will kill you and your family don't let me catch you on the outside." Upon removal of his clothes he was then moved to LA7. IPS arrived and took over. EOR

Involved Persons

Category	Person	Narrative
Staff	Anderson, Ryan	Officer on scene
Staff	Smith, George	ST on Scene
Staff	Cross, Cody	Satellite cage officer witness
Staff	Cardin, Trevor	LHU 1 SGT/Responded to call

Source and Documentation

Confidential Informant: No

Information Source: Offender - Whitford, Makueeyapee 3015941

Reporting Staff: Palmer, Dustin

Title: Correctional Officer

Signature:

Date: 1-25-18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: _____ Title: _____

Signature: _____ Date: _____

Routing List (Place an X next to those this report will be distributed to):

_____ Helena Office _____ Security Major _____ Medical

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 11:29 AM

Page 1 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford Use of Force

Statement #: 8019

Incident Date: 01/25/2018

Incident Time: 10:30 AM

Statement Date: 01/25/2018

Jurisdiction: Montana State Prison

____ MSP Duty Officer
____ Warden or Designee
____ Deputy Warden
____ Associate Warden
____ Other

____ Unit Manager
____ Command Post
____ Inmate Records File
____ Inmate Unit File

____ Maintenance
____ Investigator's Office
____ MCE
____ Safety Committee

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 11:29 AM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford #3015941

Statement #: 8025

Incident Date: 01/25/2018

Incident Time: 10:40 AM

Statement Date: 01/25/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/ST. Smith's office and east side hallway

Summary of Incident

while breaking out the satellite cage C/O Anderson and C/O Palmer had taken I/m Whitford#3015941 out of his cell into ST. Smith's office shortly after, he was on taken to the ground by the C/O's in the hallway, I called command post and told SSG Larson and the Main cage that there was a use of force taking place with I/m Whitford then around 1049 CPT. Zuber entered the building to assist the C/O's. Around 1050 C/O's and the assisting staff took I/M Whitford through the sally-port out of the east side of the building and I was unable to see the staff after that. EOR

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Staff - Cross, Cody

Reporting Staff: Cross, Cody

Title: Correctional Officer

Signature: 

Date: 1-25-18

Notes

No Notes are associated with this Incident Statement.

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: _____

Title: _____

Signature: _____

Date: _____

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 12:20 PM

Page 1 of 1

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Whitford Statement #: 8021
 Incident Date: 01/25/2018 Incident Time: 10:30 AM Statement Date: 01/25/2018
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/Security Tech office in LHU1

Summary of Incident

On the above date and approximate time, I/M Whitford was brought to my office to review his file. He wanted his handcuffs off. I informed him that they would not be removed. He got upset and in a very angry and aggressive voice said, "Fuck you Smith". At this time, I let him know that his review was over. I stood up to begin to escort him back to his cell. At this time Inmate Whitford charged at me in a aggressive way to attempt to assault me. CO Anderson, CO Palmer and I attempted to stop him and stop him and take him to the floor to gain control over him. During this time Inmate Whitford made a hocking motion/noise with his mouth as if he were to spit on me. I moved my hand to his chin area to change to direction of his mouth, to prevent him from spitting on me. When my hand when to the chin area Inmate Whitford attempted to bite my hand. Once Whitford was secured and on the floor a spit hood was placed on his head. Sgt Cardin and other floor officers then arrived to help. The C.P. was notified and it was decided to not move Whitford until other staff arrived. Whitford was yelling and threatening me the entire time. He said that he would kill me. He told me several times that "you better watch your back" and "you are a punk, Smith". These threats were made several times. Whitford yelled at the top of his voice to the inmates on the block "Green Light Smith", he yelled this several times loud enough for the inmates on the block to hear. Whitford began chanting a song, singing about "warrior boy".

When Lt Lamb and Captain Zuber arrived Inmate Whitford was taken to a cell on A-Block and placed on a BMP. During the escort to A-Block Whitford continued to yell threats of bodily about me. Once in the cell on A-Block Whitford continued to yell threats toward me. I was not near the cell and was trying to stay out of sight once he was in the cell. This was to try and keep Whitford from escalating more. Whitford yelled "you better hope I never find out where you live, I will get you and your family."

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Cardin, Trevor	
Staff	Palmer, Dustin	
Staff	Anderson, Bryan Ryan	
Staff	Lamb, Christopher	
Staff	Ryan, Kody	

Source and Documentation

Confidential Informant: No

Information Source: Staff - Smith, George

Reporting Staff: Smith, George

Title: Correctional Officer

Signature: *George Smith*

Date: 1-28-18

Notes

No Notes are associated with this Incident Statement

Note: This statement of Incident may be the only statement of the described Incident, or it may be one of several. All statements of this Incident will be collected and combined into a single Incident report.



Montana Department of Corrections

Statement of Incident

Title: Whitford

Statement #: 8021

Incident Date: 01/25/2018

Incident Time: 10:30 AM

Statement Date: 01/25/2018

Jurisdiction: Montana State Prison

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: _____

Title: _____

Signature: _____

Date: _____

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 12:56 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford, M #3015941

Statement #: 8035

Incident Date: 01/25/2018

Incident Time: 10:30 AM

Statement Date: 01/25/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Maximum Security/LHU-1, East side hallway, by the case managers office.

Summary of Incident

On the above date and approx. time I (Sgt. Cardin) was notified by the cage that they needed assistance in the case managers office. When I made my way over to the case managers office I saw that S.T. Smith, C.O. Palmer, and C.O. Anderson had I/M Whitford on the ground restraining him. When I helped assist in gaining compliance on I/M Whitford, he was attempting to bite S.T. Smith who was controlling the upper torso. I was going to assess the situation and move I/M Whitford when he was calm to a hard cell, but I/M Whitford was still escalated and unwilling to listen. At that time I instructed an officer to call command post and requested assistance in moving I/M Whitford. While maintaining control on I/M Whitford he was continuing to threatening S.T. Smith by saying "Fuck you Smith" and "I am going to fucking kill you". I/M Whitford also stated that "You better hope I don't get out and find your family. I'm going to fucking kill them and fucking kill you". I/M Whitford then yelled for other inmate to green light Smith. I/M Whitford then yelled I/M Norquay name saying "Norquay green light Smith". I/M Whitford started chanting a song and singing "warrior boy" When Cpt. Zuber and Lt. Lamb arrived to LHU-1. We then escorted I/M Whitford to LA-3. While escorting I/M Whitford he was continuing to threaten S.T. Smith and yell profanity at him. When we got I/M Whitford into the cell I then cut off I/M Whitford clothes and it was discovered that we had to move him out of that cell into another cell. Once we got him into LA-7 I.P.S. came onto the block to secure I/M Whitford. I then had all LHU-1 officers start there incident reports.

I then had two officers go and roll up I/M Whitford's property. I instructed the officers to take the rubber mallet and to do a search of I/M Whitford cell and to especially look for any STG related material in his property. The officers reported back after rolling up his property that they found several materials of STG material.

I called the infirmary at approx. 1100 to report a use of force. When the nurse arrived I escorted the nurse to I/M Whitford cell. The nurse assessed I/M Whitford and "cleared" I/M Whitford. While I was at I/M Whitford's cell door I/M Whitford said "I don't fucking care anymore I got a lot of time and I am going to start showing you fuckers what I can do". I/M Whitford also said "Mark my word if I ever get around Smith I am going to take him out. It don't matter when or where but I am going to get him". E.O.R.

Involved Persons

Category	Person	Narrative
Offender	Whitford, Makueeyapee - 3015941	
Staff	Palmer, Dustin	
Staff	Anderson, Ryan	
Staff	Ryan, Kody	
Staff	Cross, Cody	
Staff	Smith, George	

Source and Documentation

Confidential Informant: No

Information Source: Offender - Whitford, Makueeyapee 3015941

Reporting Staff: Cardin, Trevor

Title: Correctional Officer Sgt

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 12:59 PM

Page 1 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: I/M Whitford, M #3015941

Statement #: 8035

Incident Date: 01/25/2018

Incident Time: 10:30 AM

Statement Date: 01/25/2018

Jurisdiction: Montana State Prison

Signature: *S. I. Carlson*

Date: 1-25-17

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: _____

Title: _____

Signature: _____

Date: _____

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 01/25/2018 @ 12:59 PM

Page 2 of 2

Original - 09/14/2016

EXHIBIT D
EXHIBIT D



Montana Department of Corrections

Statement of Incident

Title: Makueeyapee Whitford AO#3015941 Use of force **Statement #:** 8031
Incident Date: 01/25/2018 **Incident Time:** 11:20 AM **Statement Date:** 01/25/2018
Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes
Location: Montana State Prison/Maximum Security

Summary of Incident

On the above noted date and approximate time LHM 1 reported a physical use of force on I/M Makueeyapee Whitford AO#3015941. Sgt. Cardin stated that I/M Whitford "attacked" Security Tech George Smith in his office and was taken down to the ground while handcuffed. I/M Whitford standing at window in cell, follows commands appropriately. Oriented to person, place and time. Unable to perform further nursing assessment d/t security concerns. Approximately 1 inch superficial abrasion noted on top of head. States pain and numbness in both wrists: Bruising and superficial abrasions noted from cuffs at wrists. Full range of motion noted. END OF REPORT.

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Offender - Whitford, Makueeyapee 3015941

Reporting Staff: ^{Marchand} Tauck, Emilee

Title: Registered Nurse

Signature: *Emilee Marchand*

Date: 1/25/18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Supervisor Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

LA7
RECEIVED BY
JAN 26 2018 3
DISCIPLINARY

Inmate Name: Whitford Last name Makuzaypcc First Name ID # 3015947
Date: 1-25-18 Time: 1145 Place of Incident: LH01 UFZ
Room/Cell: UF2 Housing Unit: LH01 Job Assignment: 9999
Infraction Number(s) & Name(s) 4225- StG Activity

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): While packing up I/m
Whitford #3015947 properly as instructed by the unit Sgt
the other C/O's and I found several StG related paper including
other I/m's names and the gang they are affiliated with
and a cypher text key along with others I gathered as much
as I could and notified the unit Sgt.

REPORTING STAFF MEMBER: CROSSSupervisor Review: A. CarlsonInmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ OtherReason: currently on detention status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG [Signature] 1/25/18 [Signature] 1/1
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

on or before

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 1/30/18 Time: Any hrs. Place: LH01

2. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).

3. I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)

4. Present evidence and witnesses on my behalf ☐ Yes ☐ No. If inmate has witnesses, have him/her complete a Witness Request form.

5. Other pertinent notations: Inmate copies left in Sgt Office

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

K. Sore 1-25-18 1025 Refused
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒ MINOR ☐
Inmate's Name: Whitford, Makueeyapee ID # 3015941 Date: 1-30-18
Infraction Number(s) & Name(s) 4225 - STG Activity
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: ____
Reason: ____
Plea: ☐ Guilty ☐ Not Guilty ☒ Other: Refused to sign infraction
Inmate's Statement: _____

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4225 ☐ Not Guilty of # ____
Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 15 days detention, concurrent w/
detention being served

Reason(s) for findings:

Offender had STG
material. Offender refused to sign
infraction - hearing held w/out him per
policy.

ADMINISTRATIVE REVIEW / DATE 1/31/18

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM P. Slaughter 1-30-18

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Refused to sign infraction

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS **RECEIVED BY 3**
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING **JAN 03 2018**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

DISCIPLINARY

Inmate Name: Whitford Makveeyapee ID # 3015941
Last Name First Name
Date: 1/2/18 Time: 0800 Place of Incident: LHU1
Room/Cell: UF8 Housing Unit: LHU1 Job Assignment: LP # 801
Infraction Number(s) & Name(s)

#4225 - STG Activity

Staff Witness: 1. Sgt. Luly

Other Inmates involved 1. _____

2. _____

2. _____

Description of Violation: (who, what, why, where, when and how): On the above date & time the STG department received a note that was confiscated in 'LHU1' UC block on 12/29/17. The Sergeant retrieved the note during count & believed Whitford was involved in phishing it. In comparing the note with other writings of Whitford's I am confident they match.

The content of the note is STG in nature & talks of his manipulating another to do missions for him. He will had to check him as he is looking for combatants to put in work. This person will either fall in-line & take someone out or he will watch him break & cross him out. It clearly states Whitford's intent to "clean up our garbage" by getting another to do the work, thereby jeopardizing the safety & security of others. MDOC has zero tolerance for STG activity. EOR

REPORTING STAFF MEMBER:

Lorna Kuchinsky

(Print Name)

Lorna Kuchinsky

(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement☐ Release to Previous Status☐ OtherReason: Security threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG [Signature]

(Shift Supervisor's Signature)

1/2/18

(Date)

(Warden or Designee Signature)

(Date)

on or before

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/5/2018 Time: Any hrs. Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Be present at the hearing and present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature]

(Staff Signature)

1-2-18 1530

(Date & Time)

[Signature] 3015941

(Inmate's Signature / ID#)

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makueeyapee ID # 301594 Date: 1.5.18

Infraction Number(s) & Name(s) 4225 - 8TH Activity

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I haven't had the right to form a defense. We have our own laws that we go by.

Evidence Provided: infraction report, note

Findings: ☒ Guilty of # 4225 ☐ Not Guilty of # _____

Evidence Relied On: infraction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): \$25.00 Fine
10 days detention
END 1.15.18

Reason(s) for findings: offender sent a note that was ST's signature.

ADMINISTRATIVE REVIEW / DATE

1/10/18

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

P. Slaughter 1.5.18

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: X m y A w

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS RECEIVED BYMSP ☒ MWP ☐ CONTRACT FACILITY: _____ JAN 08 2018**Disciplinary Appeal**

(major infractions only)

DISCIPLINARY

Inmate's Name: Whitford, Markueyaff ID # 3015941
 Date: 1/5/18 Infraction(s): 4225 - JTO Activity
 Disciplinary Hearing Decision: 2500 fine, 10 day detention

Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHL.

1. There was no evidence or documentation to support the decision.

I did not get to see any evidence. Nothing was attached to the infraction.

2. Required disciplinary procedures were not followed.

I didn't get to see any disciplinary procedures therefore I was unable to prepare a defense.

3. The sanction(s) is excessive.

2500 for a write up is excessive. Especially where no damage was caused.

[Signature]
 Inmate Signature

1/7/18
 Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding?

YES ☒ NO ☐

Is there substantial compliance with applicable disciplinary procedures?

YES ☒ NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:**Written justification for the action taken above:**

Evidence supports the finding
Procedures were followed appropriately. Sanction is within
the scope of the Ord.

[Signature]
 Warden or Designee Signature

1/11/18
 Date

Copies to: Records (White)
 Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

omis:
ki

EXHIBIT D
 EXHIBIT D

LOCKED HOUSING PLAN

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 12/29/2017

Housing Unit: LHU1 ST: Smith UM: Jovanovich

Separation Needs: ☒ Atypical designation(s) AssaultiveActivation of BMP within last 30 days ☒ Yes ☐ No BMP Clearance Date: 11/30/2017Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☒ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Anger	Ordered 12/29/2017		

Current Level: Level 1

Recommended Completion Level: Level 3

Reason for initial placement:

- ☒ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)
- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

Special Housing Needs:

- ☐ Spit Hood ☐ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☐ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for Max placement on 12/6/2017. Whitford was found guilty of having a sharpened instrument on 10/11/2017; tattooing on 10/16/2017; misuse of medication on 10/16/2017; unauthorized area and refusing an order on 11/28/2017; threatening staff, tampering with a locking device, refusing orders, and encouraging others to commit a major offense on 12/6/2017. Whitford will need to complete Max levels 1-3 before being reviewed for general population. LHU UMT recommends that Whitford complete New Freedoms Binder "Anger". Whitford must maintain clear conduct to progress to each level of his Max plan. He will be up for review to level 2 on 3/2/2018, level 3 on 6/2/2018 and general population on 9/2/2018. This plan will be reviewed with Inmate Whitford on a monthly basis.

I _____ refuse to participate in my locked housing status review plan.

X I W. J. A. U. have participated in my locked housing status review plan and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST: C. S.

White-Main

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

CLASSIFICATION SUMMARY

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Facility/Unit: HSU2

Type of Classification: Special Classification Date: 12/6/2017 Next Review Date: 6/30/2018
 Current Custody: CLOSE Current Assignment: LP # 801
 Final Custody: MAX Final Assignment: Labor Pool 801

Parole Date: 3/9/2038 Discharge Date: 2/28/2073Detainer/Warrant/Notification: ☐ Yes ☒ No State/County: _____Separation Needs: ☒ Active ☐ Inactive ☐ Initiate ☐ RemoveAtypical: ☒ Yes ☒ No Assaultive
Explain if otherSTG Review: ☐ Yes ☒ NoOverride: ☒ Yes ☐ No ☐ Continue Override Factor: SPECIAL MANAGEMENTConfidential Information: ☐ Yes, in: _____ ☒ No

PREA: ☒ Yes, Date 7-19-2016 ☐ No Emergency Contact valid: ☒ Yes ☐ No
 MORRA COMPLETE DATE 6-1-15-PT MORRA RISK LEVEL HIGH

TREATMENT STATUS

TYPE OF REFERRAL	Screened/Waiting	Active	Incomp.	Complete
SOP I TX	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
SOP II TX	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
CD TX: ITU	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
MENTAL HEALTH	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ANGER MANAGEMENT	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
EDUC. / GED / HiSET	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
TSCTC/PRC	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
PARENTING	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
CP&R: I/II/III	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OTHER T4C	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Roger Janie M. Bay MA-CCHP
 Admin Review / Special Committee Signature / Date

Appeal: ☒ Yes ☒ No
 Classification Officer: ST. Campbell 12/7/17 Unit Manager: Ben Bouley 12/6/17
 Inmate Signature: [Signature] Date: 12-7-2017

CLASSIFICATION INSTRUMENT

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

- Page 1 -

Name: Whitford, Makueeyapee MSP/DOC Number: 3015941 Unit: HSU2

1. **Severity of Institutional Misconduct (rate last 3 years)**
- ☒ Category I Reports 10/11/17 # 4102; 7/19/16 # 4104; 12-14-15 # 4104 6
- ☐ Category II Reports 12/6/17 # 4235; 10/16/17 # 4224; 12-08-16 4107 ; 3-28-16 # 4235 3
- ☐ 3+ Category III Reports 12/6/17 # 4212; 11/28/17 # 4234; 10/16/17 # 4222; 1-3-17 # 4212 1
- ☐ No violations within last 3 years 0
2. **Most serious current conviction, Detainer or Warrant**
- ☒ Highest Severity Deliberate Homicide 6
- ☐ High Severity 5
- ☐ Moderate Severity 1
- ☐ Low Severity 0
3. **Escape History (rate last 3 years)**
- ☐ Escape or attempted escape from a secure facility (WRC classified secure) 6
- ☐ Escape/walk away from PRC, TSCTC 4
- ☐ Walk away from work release or monitoring program 2
- ☒ No violations within last 3 years 0
4. **Severity of Felony Convictions within the last 7 years (do not include current conviction)**
- ☐ 1+ Highest Severity or 3+ High Severity 4
- ☐ 1-2 High Severity 3
- ☐ 0 Highest/High severity with 1+ Moderate Severity 1
- ☒ 0 Highest/High/Moderate Severity with only Low Severity 0
5. **Number of Category I or II Rule Violations, Predatory/Assaultive Behavior (rate last 3 years)**
- ☒ 3+ Category I or II Reports 12-06-17 # 4235; 10/11/17 # 4107; 7/19/16 # 4104, 12/14/15 # 4104 4
- ☐ 1-2 Category I or II Reports 2
- ☐ 0, No Category I or II Reports 0

Score 1-5

Custody Score based on Items 1-5: 7-9 Medium Restricted / 10-14 Close / 15+ Maximum 16

6. **Number of Disciplinary Reports (rate last 6 months)**
- ☒ 3+ Reports or Return from Community Placement for disciplinary reasons 4
- ☐ 1-2 Reports 12/6/17 # 4213, 4229; 12/6/17 # 4235, 4212; 11/28/17 4234, 4213; 10/16/17 4224; 10/16/17 # 4222; 10/11/17 # 4102 2
- ☐ No Major/Severe Reports 0
7. **Performance in Recommended Treatment/Education Programs**
- ☒ Non-Compliant New Freedom Aggression and Violence 4
- ☐ Waiting for treatment / currently enrolled 0
- ☐ All recommended programs completed -1
8. **Institutional Adjustment / Work Performance (rate last 6 months)**
- ☐ Poor ratings from both Work and Housing Unit Team 2
- ☐ 1 Poor rating from either Work or Housing Unit Team 1
- ☒ Positive ratings from both Work and Housing Unit Team 0
- ☐ Positive ratings from both Work and Housing Unit Team for 3 years -1

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

CLASSIFICATION INSTRUMENT

-Page 2-

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Unit: HSU2

9. Sentence Remaining (total of all consecutive sentences)

Time Remaining: 55 yrs, 4 months

- ☐ Sentenced prior to April 12, 1995 ☒ Sentenced after April 12, 1995
- ☐ Designated Dangerous Offender (multiply x 2)

	<u>Score</u>		<u>Score</u>
<input type="checkbox"/> 30+ years/life sentence	2	<input checked="" type="checkbox"/> 30+ year sentence/life sentence	5
<input type="checkbox"/> 11-29 years	1	<input type="checkbox"/> 11-29 year sentence/total of consecutive	1
<input type="checkbox"/> 1-10 years	0	<input type="checkbox"/> 1-10 year sentence/total of consecutive	0

TOTAL SCORE Item 6-9: 13Total Points Item 1-5: 16 Total Points: 29Custody Based on Item 1-5: MAX Custody Based on Total Points: MAXPreliminary Custody Level: MAX Recommended Custody Level: MAX

CUSTODY SCORE BASED ON ITEMS 1-5	Medium Restricted 7-9	Close 10-14	Maximum/Ad Seg/Ad Seg Restricted 15+
TOTAL POINTS SCALE - If inmate scores less than 7 points on Risk Items 1-5, use Total points to designate custody			
Minimum/Unrestricted 0-3	Minimum/Restricted 4-8		
Medium/Unrestricted 9-11	Medium/Restricted 12-16		
Close 17-22	Maximum/Ad Seg/Ad Seg Restricted/Death Penalty 23+ points		

Override Factors:

Special Management ☐

Medical ☐

Detainer ☐

Exemplary Institutional Adjustment ☐

Court Ordered ☐

Institutional Need ☐ Click here to enter text.

Psychiatric / Suicide Risk ☐

Escape Threat ☐

Investigation Pending ☐

Adjustment Problem / Violence Threat ☒

Inmate Need Click here to enter text. ☐

Final Custody Level: MAX

Comment from CM or Designee:

This is a special reclassification for Whitford as he has received several disciplinary write-ups over the last couple of months. Whitford is not currently compliant as he needs to complete the new freedom packets for aggression and violence. Whitford did receive several write-ups this review period with the latest for threatening staff in which a cell extraction had taken place. Whitford has approximately 55 years and 4 months until discharge and at this time I am recommending Max custody due to continued behavior.

Comment from UM or Designee:

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
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Whitford has been very disruptive in the housing area. He has gathered 6 major write-ups in the last 3 months. He is currently in Detention and got his last write-ups there - threatening to flood and harm staff, tampering with a locking device, and refusing orders. In October he was found guilty of a weapon offense for having sharpened finger nail clippers. He needs a longer term in Max Custody to think about his behavior and earn the privilege of being out of locked housing custody. Place to Max custody.

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

UAS 3
RECEIVED BY
LHU
DEC 01 2017
UD8
DISCIPLINARY

Inmate Name: Whitford Mauceyapee ID # 30159411
Last name First Name
Date: 11-30-17 Time: 1145 Place of Incident: LHU1 UC-07
Room/Cell: UC-07 Housing Unit: LHU1 Job Assignment: 801 Lake pool
Infraction Number(s) & Name(s)

4213 Refusing to obey a direct order
4229 Attempting to commit a 4200 infraction (4210)

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): on the above date
and time I/M Whitford said that he was going
to flush using his toilet. He began flushing his toilet
multiple times. I shut off his water. Whitford then
covered his window with his mattress. He refused multiple
orders to take the mattress down. EOR

REPORTING STAFF MEMBER: George Smith Jack Smith
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
Reason: Currently on PHC-DD Status

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSG [Signature] 11/30/17 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my rights.

- Hearing Date: 12-5-17 Time: any hrs. Place: LHU1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Be present at the hearing and present evidence and witnesses on my behalf. If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: At Fraser, Warner, Houk Henderson

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature] 12/1/17 SMC
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

Copies to:

1. Records

2. Parole Board (Major)

3. Housing Unit

4. Inmate

INMATE: Whitford, Makueeyapee AO# 3015941 LOCATION: Utu

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR 12.5.17 IS/ARE BEING CONTINUED UNTIL 12.6.17

FOR THE FOLLOWING REASONS: further investigation

Inmate Signature [Signature] DATED 12-5-2017

Disciplinary [Signature] DATED 12.5.17

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Naukweeyap ID# 3015941 Date: 12.6.17
 Infraction Number(s) & Name(s) 4213-Refusing an order; 4229(4210)-Att. to
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN Com
 Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I didn't attempt to flood. I was playing around. I did say "hey man if you don't come over here, I'm going to flood" but I was joking. I didn't cover my window.

Evidence Provided: infraction report

Findings: ☒ Guilty of # 4229(4210), 4213 ☐ Not Guilty of # _____

Evidence Relied On: infraction report, offender statement

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 13 days detention
END 12.19.17
Refer to unit

Reason(s) for findings: offender admitted to threaten to flood.

McBee AW
 ADMINISTRATIVE REVIEW / DATE

12-7-17

G. Slaughter
 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: X W. J. J. J.

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

RECEIVED BY

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DEC 08 2017

Disciplinary Appeal

(major infractions only)

DISCIPLINARY

Inmate's Name: Whitford, Makueeyapee ID # 3015941Date: 12/6/17 Infraction(s): 4213-Refusing an order, 4229(4210)-PITDisciplinary Hearing Decision: 13 days det, left to unitInstructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI. to flood

1. There was no evidence or documentation to support the decision. No proper investigation because DHO/DHI didn't get witness statements or document why they didn't use witness statements.

2. Required disciplinary procedures were not followed. Again. DHI must collect witness statements or provide written documentation of why they didn't see (III)(A)(3) and (III)(B)(u) and (III)(B)(2)(u)(3)(g) of discipl. process 2017 none of this was done nor was I given a copy of the disciplinary write-up to go over or access to policies, rules, and procedures while housed in locked housing unit 1. This prevents me from preparing a defense.

[Signature]
Inmate Signature

12/6/2017
Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is there substantial compliance with applicable disciplinary procedures?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is the sanction(s) imposed proportionate to the rule violation(s)?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Decision:

- ☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
- ☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
- ☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:
- ☐ reduced sanction or level to:
- ☐ suspended sanction(s) for:

Written justification for the action taken above:

The above areas of disciplinary procedure were followed

Mabeison AW
Warden or Designee Signature

12/11/17
Date

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

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EXHIBIT D
EXHIBIT D

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STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

RECEIVED BY
DEC 01 2017
008
DISCIPLINARY

Inmate Name: Whitford Makueyapee ID # 3015941
Last name First Name
Date: 11-30-17 Time: 1415 Place of Incident: LH4-I UC7
Room/Cell: UC7 Housing Unit: LH4-I Job Assignment: 801 Labor Pool
Infraction Number(s) & Name(s) 4235- Threatening staff
4212- Willfully blocking a locking device

Staff Witness: 1. C/O Burkhardt Other Inmates involved 1. _____
2. C/O Kling 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and time I, Sgt. Pomeroy, heard C-block in LH4-I yelling man down. I sent C/O Burkhardt to do a walk through on the block. C/O Burkhardt informed me that inmate Whitford, M 3015941 was blocking his window with his mattress. I went to talk to inmate Whitford to try to get him to unblock his window. He ignored me so I notified Command Post. C/O Kling then also attempted to get him to uncover his window. At this time inmate Whitford claimed to have a weapon in his cell and that he would stab the next staff member who opened his slot or the JPS team if they tried to enter his cell. Inmate Whitford threatened staff with serious harm and barricaded his cell door. His behavior impeded on myself and my staff from carrying out our daily duties and resulted in a cell extraction. EOR.

REPORTING STAFF MEMBER: Sgt. Pomeroy Sgt. Pomeroy
(Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☐ Release to Previous Status ☒ Other
Reason: CURRENTLY PHC STATUS. INMATE PLACED ON SECTION G BMP

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature] 11/30/17 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my rights.

1. Hearing Date: 12-5-17 Time: any Place: LH4-I
2. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
3. I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
4. Be present at the hearing and present evidence and witnesses on my behalf. If inmate has witnesses, have him/her complete a Witness Request form
5. Other pertinent notations: Fraser, Warner, Houle, Henderson

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

[Signature] 12-1-17 SMC
(Staff Signature) (Date & Time) (Inmate's Signature / ID#)

Copies to: 1. Records 2. Parole Board (Major) 3. Housing Unit 4. Inmate

EXHIBIT D
EXHIBIT D

INMATE: Whitford, Makueeyapee AO#: 3015941 LOCATION: Ltlu

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR 12.5.17 IS/ARE BEING CONTINUED UNTIL 12.6.17

FOR THE FOLLOWING REASONS: further investigation

Inmate Signature [Signature] DATED 12-5-2017

Disciplinary [Signature] DATED 12.5.17

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED

FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makuee yapee ID # 3015941 Date: 12.6.17

Infraction Number(s) & Name(s) 4235-threatening; 4212-tampering

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I never threatened no body ever.
I told them I was cutting myself.

Evidence Provided: infraction report, BMP activation,
incident reports

Findings: ☒ Guilty of # 4235/4212 ☐ Not Guilty of # _____

Evidence Relied On: infraction report, incident reports

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5]⁺ Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 20 days detention, cue 6 days
CS to other infraction,
END 1.2.18

Reason(s) for findings: offender threatened to
harm staff + barricaded his cell door.

McBeeson AW 12-7-17
ADMINISTRATIVE REVIEW / DATE

C. Slaughter 12.6.17
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: X W. J. D. [Signature]

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS RECEIVED BY

MSP ☒ MWP ☐ CONTRACT FACILITY: _____ DEC 08 2017**Disciplinary Appeal**

(major infractions only)

DISCIPLINARY

Inmate's Name: Whitford, Makueeyapee ID # 3015941
 Date: 12/6/17 Infraction(s): 4235-threatening; 4212-tampering w/
 Disciplinary Hearing Decision: 30 days det, see 6 days, locking device
 Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision. No proper investigation because DHO/DHI didn't use witness statements and/or didn't document why they didn't use witness statements.
2. Required disciplinary procedures were not followed. MSD Disciplinary Process 2017 (III)(B)(3) The DHI will collect necessary statements without unnecessary delay. Also (III)(B)(4) The DHI will collect statements from listed witnesses. If a witness is not permitted to testify the DHO must document it (III)(B)(2)(k)(3)(a) None of the sanction(s) is excessive. This was done which prevents me from preparing a defense. I was not given a copy and did not have access to policies rules, or procedures either. Due Process violation.

Whitford
 Inmate Signature

12/6/2017
 Date

WARDEN OR DESIGNEES RESPONSE

Warden or designee:

Is there sufficient evidence and documentation to support the finding? YES ☒ NO ☐
 Is there substantial compliance with applicable disciplinary procedures? YES ☒ NO ☐
 Is the sanction(s) imposed proportionate to the rule violation(s)? YES ☒ NO ☐

Decision:

- ☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:
☐ reduced sanction or level to:
☐ suspended sanction(s) for:

Written justification for the action taken above:

Along areas of disciplinary procedure was followed.

Makueeyapee
 Warden or Designee Signature

12/11/17
 Date

Copies to: Records (White)
 Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

OMW noted
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EXHIBIT D
 EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

NOV 27 2017

DISCIPLINARY

Inmate Name:

Whitford

Makueeyapac

ID # 3015941

Date: 11-23-17

Time: 1945

Place of Incident:

HSU-2 upper tier

Room/Cell: UC-11

Housing Unit:

HSU-2

Job Assignment:

801-Labor Pool

Infraction Number(s) & Name(s)

4234-Being in an unauthorized area

4213-Refusing to immediately obey a verbal "direct" order/command from any staff member.

Staff Witness: 1.

N/A

Other Inmates involved 1.

N/A

2.

N/A

2.

N/A

Description of Violation: (who, what, why, where, when and how):

At the above date and time I, c/o Helstrom, was opening the Upper-CB Block door, frame, the cage, to let the pre-hearing workers laundry-pass inmates back onto their block. Inmate Whitford, M. #3015941 squeezed pass the guards entering the block so that he could get out. Whitford ignored my direct order to not leave his block and ran over to the upper B block to talk to another inmate through the door. Again, Whitford ignored my direct order to go back to his block over the speaker. After another minute Whitford returned to his block door and turned around and shrugged at me, stating that he doesn't care if he gets a write up. The inmate on upper B block was unidentifiable. E.O.R.

REPORTING STAFF MEMBER:

Helstrom

(Print Name)

Supervisor Review:

SW Helstrom

(Print Name)

[Signature]

(Sign Name)

Inmate Status:

☒ Pre-Hearing Confinement☐ Release to Previous Status☐ Other

Reason:

Security threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

[Signature]

(Shift Supervisor's Signature)

11/23/17

(Date)

[Signature]

(Warden or Designee Signature)

11/24/17

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 11/28/17 Time: ANY hrs. Place: LNU-1
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf: ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations:

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

[Signature]

(Staff Signature)

11-23-17

(Date & Time)

[Signature]

(Inmate's Signature / ID#)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY HEARING DECISION

MAJOR ☒MINOR ☐Inmate's Name: Whitford, Makuecyapee # 3015941 Date: 11.28.17Infraction Number(s) & Name(s) 4234-Unauth Area; 4213-Refusing an order☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____Inmate's Statement: I did everything that it says but its the technicality that im pleading not guilty on.Evidence Provided: infraction reportFindings: ☒ Guilty of # 4234/4213 ☐ Not Guilty of # _____Evidence Relied On: infraction reportFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): 110 days det cel 5 days
ENDO 12.3.17 12.4.17
Refer to unitReason(s) for findings: offender refused an order to return to the block + went to an area to speak w/ another inmate.ADMINISTRATIVE REVIEW / DATE 11-29-17 M. Beeson DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM 11.28.17 C. Slaughter

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: [Signature] 3015941

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

RECEIVED BY

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DEC 08 2017

Disciplinary Appeal

(major infractions only)

DISCIPLINARY

Inmate's Name: Whitford, Makueeyapee ID # 3015941Date: 11/28/17 Infraction(s): 4234-Unauth. Area; 4213-Refusing orDisciplinary Hearing Decision: 11 days det, cc 5 days order**Instructions:** Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed.

Due Process Violation. I have the right to prepare a defense. I was not given access to any policies, rules, or procedures; disciplinary rules; or unit rules in order to prepare a defense. Additionally, policy, rules, and procedures are out of date.

3. The sanction(s) is excessive.

Wey D Wit
Inmate Signature11/28/17
Date**WARDEN OR DESIGNEES RESPONSE****Warden or designee:**

Is there sufficient evidence and documentation to support the finding?

YES ☒ NO ☐

Is there substantial compliance with applicable disciplinary procedures?

YES ☒ NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☒ NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:**Written justification for the action taken above:**Meets the above areas of the disciplinary procedureMcBeeser AW
Warden or Designee Signature12/11/17
DateCopies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Chris Newell
KiEXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ COMMUNITY FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Whitford, Makueeyapee ID # 3015941

Last name

First Name

Date: 10/9/17 Time: 2030 Place of Incident: HS II Y-RoomRoom/Cell: UA 12 Housing Unit: HS II Job Assignment: 801 labor PoolInfraction Number(s) & Name(s) 4222 Tattooing or possession of tattoo paraphernaliaStaff Witness: 1. _____ Other Inmates involved 1. _____
2. N/A 2. N/ADescription of Violation: (who, what, why, where, when and how): On the above date and time while rolling IM Whitford in 3015941 property I saw East's hand tattoo sketches with location on body and transfer paper along with graph paper with tattoo sketches on them. The tattoo with the body location had another IM name & A.O.REPORTING STAFF MEMBER: East's W EWS

(Print Name)

(Sign Name)

Supervisor Review: Sgt Hotchkiss Sgt Hotchkiss

(Print Name)

(Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ OtherReason: NOT AN IMMEDIATE SECURITY THREAT

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 10/16/17 Time: any hrs. Place: Z-H012. I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).3. I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Be present at the hearing and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form5. Other pertinent notations: Waive 24 hr. Notice

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makuceyapee ID # 3015941 Date: 10.16.17

Infraction Number(s) & Name(s) 4222 - tattoos para.

☐ I DO UNDERSTAND THE VIOLATION

☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty

☐ Not Guilty

☒ Other: offender was removed

Inmate's Statement: _____

from hearing prior to
appeal

Evidence Provided: infraction report, property receipt,
photos

Findings: ☒ Guilty of # 4222

☐ Not Guilty of #

Evidence Relied On: infraction report, property receipt,
photos

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): Confiscate & dispose
Level 1 property & instructions until
4.16.18

Reason(s) for findings:

Inmate removed from
hearing due to disruptive behavior

McBee AW 10-18-17
ADMINISTRATIVE REVIEW / DATE

[Signature]
DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: Offender removed from hearing

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

3

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

RECEIVED BY

OCT 10 2017

DISCIPLINARY

Inmate Name: WHITFORD MAKUBBY PEE ID # 3015941
 Last name First Name
 Date: 10-9-17 Time: 1800 Place of Incident: H5U2. UAI2
 Room/Cell: UAI2 Housing Unit: H5U2 Job Assignment: 801 Labor Pool
 Infraction Number(s) & Name(s) 4102 Possession of a sharpened instrument

Staff Witness: 1. C/O DORSCHER Other Inmates involved 1. N/A
 2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): DURING WALK THROUGH OF
UAI BLOCK C/O DORSCHER FOUND A NAIL CLIPPER WITH THE
HANDLE SHARPENED ON THE END. WHITFORD WAS RESTRAINED AND ESCORTED
TO L4U1. END OF REPORT

REPORTING STAFF MEMBER: SGT HOTCHKISS Sgt M. White
 (Print Name) (Sign Name)

Supervisor Review: _____
 (Print Name) (Sign Name)

Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ Other
 Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Capt M. Green 10/9/17 McBerson AW 10/10/17
 (Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/9/17 Time: Any Place: L4U1 on or before stated date
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Be present at the hearing and present evidence and witnesses on my behalf: ☒ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

Andrew Greenleaf 10/9/17 W. D. White 3015941
 (Staff Signature) (Date & Time) (Inmate's Signature / ID#)

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

OCT 13 2017

Disciplinary Appeal

(major infractions only)

DISCIPLINARY

Inmate's Name: Whitford Makueeypee ID # 3015941
 Date: 10/11/17 Infraction(s): 4102 - Possession of weapon
 Disciplinary Hearing Decision: 10 day detention / Conf + disp.

Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

1. The original infraction is possession of a sharpened instrument, not weapon. I was not in possession of a weapon. 2. I possessed a sharpen instrument but I did not "knowingly" possess it, if I had I would not have left it in my room.

2. Required disciplinary procedures were not followed.

I was denied the right to prepare a defense because I was not given access to the MSP Disciplinary Process January 2017 pamphlet prior to hearing and I was not given access to up-to-the-date MSP Policies, Rules, and Procedures. DOC/MSP are the governing authority. The Disciplinary Process pamphlet points readers to DOC/MSP Policies, rules, and procedures, plus in order to adequately prepare a defense inmate behavior may be dictated in other parts of DOC/MSP Policies, rules, and procedures.

Inmate Signature

Date

WARDEN OR DESIGNEES RESPONSE**Warden or designee:**

Is there sufficient evidence and documentation to support the finding?

YES ☒NO ☐

Is there substantial compliance with applicable disciplinary procedures?

YES ☒NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☒NO ☐**Decision:**☒ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:☐ reduced sanction or level to:☐ suspended sanction(s) for:**Written justification for the action taken above:**

Meets above areas of procedure, was sharpened and in your possession

Warden or Designee Signature

Date

Copies to: Records (White)
 Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

EXHIBIT D
 EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: ☐

DISCIPLINARY HEARING DECISION

MAJOR ☒MINOR ☐Inmate's Name: Whitford Makueayee ID # 305941 Date: 10-11-17Infraction Number(s) & Name(s) 4102- Possession of Weapon☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKENContinuance granted to Date: / / By: Reason: Plea: ☐ Guilty ☒ Not Guilty ☐ Other: Inmate's Statement: Someone gave it to me and I didn't realize it was sharpened.Evidence Provided: Infraction Report / Photos / StatementsFindings: ☒ Guilty of # 4102 ☐ Not Guilty of # Evidence Relied On: Infraction Report / Photos / StatementsFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): 4102 - 10 days Detention Credit 2 hrs
- Conf / Disp of Contraband END 10-11-17Reason(s) for findings: Inmate was in possession of a sharpened instrument.

<u>McBees AV</u>	<u>10/11/17</u>	<u>K. J. Jui</u>	<u>10-11-17</u>
ADMINISTRATIVE REVIEW / DATE		DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM	

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: [Signature]

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐RECEIVED BY
OCT 06 2017
DISCIPLINARY

3

Inmate Name: WHITFORD MAKUEEYABEE ID # 3015941
 Last name First Name
 Date: 10-4-17 Time: 1610 Place of Incident: UC12 HS42
 Room/Cell: UC12 Housing Unit: HS42 Job Assignment: 801 LABOR POOL
 Infraction Number(s) & Name(s) 4224 DELIBERATE MISUSE OF AUTHORIZED MEDICATION

Staff Witness: 1. N/A Other Inmates involved 1. N/A
 2. N/A 2. N/A

Description of Violation: (who, what, why, where, when and how): DURING A CELL SEARCH OF
UC12 I FOUND AN OBLONG TAN COLOR PILL PLACED NEXT TO THE CARD BOARD
CENTER/UNDER THE TISSUE ON A BRAND NEW ROLL OF TOILET PAPER.
INFIRMARY I'D THIS PILL BY IT'S DESCRIPTION AS A ZOLAFT.
I FURTHER CHECKED THE UPERS PILL PASS BOX AND VERIFIED WHITFORD
DOES RECEIVE PILL PASS AND THE PILLS IN HIS BOX VISABLY LOOK LIKE THIS.
END OF REPORT.

REPORTING STAFF MEMBER: Sgt Hovchak Sgt Portillo
 (Print Name) (Sign Name)

Supervisor Review: _____
 (Print Name) (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
 Reason: Still in inmates possession, no immediate threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 10/16/17 Time: any Place: CH01
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☒ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Be present at the hearing and present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

R. Sire

(Staff Signature)

10-11-17 838

(Date & Time)

Wayne

(Inmate's Signature / ID#)

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

EXHIBIT D
EXHIBIT D

INMATE: Whitford, Makiea ^{PO#} 3015941 LOCATION: LHU1

HEARING CONTINUATION NOTICE #1

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR 10-12-17 IS/ARE BEING CONTINUED UNTIL 10-16-17

FOR THE FOLLOWING REASONS: exceptional circumstances
(MSP 3.4.1)

Inmate Signature [Signature] DATED 10-12-17

Disciplinary K. S. [Signature] DATED 10-12-17

HEARING CONTINUATION NOTICE #2

THIS FORM SERVES AS NOTIFICATION THAT THE HEARING(S) SCHEDULED
FOR _____ IS/ARE BEING CONTINUED UNTIL _____

FOR THE FOLLOWING REASONS: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
 MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford, Makuceyapee ID # 3015941 Date: 10.16.17

Infraction Number(s) & Name(s) 4224 - Misuse of meds.

☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____

Inmate's Statement: I did have to those medications but I'm trying to fight this case. I've never gotten notice of any policy/rules/procedures. The policies in the law library are not up to date. I need to have access to policies.

Evidence Provided: infraction report, unit rules

Findings: ☒ Guilty of # 4224 ☐ Not Guilty of # _____

Evidence Relied On: infraction report, offender statement

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5 Grid Level to Use: 3
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): confiscate & dispose
13 days detention
END 10.29.17

Reason(s) for findings: inmate removed from hearing due to disruptive behavior

McBee MW 10-18-17
 ADMINISTRATIVE REVIEW / DATE

[Signature]
 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL
 Inmate's Signature / ID#: Offender removed from hearing

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

CLASSIFICATION SUMMARY

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Facility/Unit: LHU2

Type of Classification: Reclass Classification Date: 8/6/2017 Next Review Date: 2/6/2018

Current Custody: MAX Current Assignment: Unassigned 99999

Final Custody: CLOSE Final Assignment: Labor Pool 801

Parole Date: 3/9/2038 Discharge Date: 2/28/2073

Detainer/Warrant/Notification: ☐ Yes ☒ No State/County: _____

Separation Needs: ☒ Active ☐ Inactive ☐ Initiate ☐ Remove

Atypical: ☐ Yes ☒ No Explain if other _____

STG Review: ☐ Yes ☒ No

Override: ☒ Yes ☐ No ☐ Continue Override Factor: SPECIAL MANAGEMENT

Confidential Information: ☐ Yes, in: _____ ☒ No

PREA: ☒ Yes, Date 7-19-2016 ☐ No Emergency Contact valid: ☒ Yes ☐ No
MORRA COMPLETE DATE 6-1-15 MORRA RISK LEVEL HIGH

TREATMENT STATUS

TYPE OF REFERRAL	Screened/Waiting	Active	Incomp.	Complete
SOP I TX	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
SOP II TX	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
CD TX: ITU	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
MENTAL HEALTH	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ANGER MANAGEMENT	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
EDUC. / GED / HiSET	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
TSCTC/PRC	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
PARENTING	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
CP&R: I/II/III	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OTHER T4C	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

R. Orjant 8/29/17
Admin Review / Special Committee Signature / Date

Appeal: ☐ Yes ☐ No
Classification Officer: Sgt. Cease Unit Manager: Clark
Inmate Signature: [Signature] Date: 8-9-2017

CLASSIFICATION INSTRUMENT

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

- Page 1 -

Name: Whitford, Makueeyapee MSP/DOC Number: 3015941 Unit: LHU2

1. **Severity of Institutional Misconduct (rate last 3 years)**
- ☒ Category I Reports 12-14-15 & 7-19-16, 4104 6
- ☐ Category II Reports 12-08-16 4107 3-28-16 4235 3
- ☐ 3+ Category III Reports 1-3-17 4212 1
- ☐ No violations within last 3 years 0
2. **Most serious current conviction, Detainer or Warrant**
- ☒ Highest Severity Deliberate Homicide 6
- ☐ High Severity 5
- ☐ Moderate Severity 1
- ☐ Low Severity 0
3. **Escape History (rate last 3 years)**
- ☐ Escape or attempted escape from a secure facility (WRC classified secure) 6
- ☐ Escape/walk away from PRC, TSCTC 4
- ☐ Walk away from work release or monitoring program 2
- ☒ No violations within last 3 years 0
4. **Severity of Felony Convictions within the last 7 years (do not include current conviction)**
- ☐ 1+ Highest Severity or 3+ High Severity 4
- ☐ 1-2 High Severity 3
- ☐ 0 Highest/High severity with 1+ Moderate Severity 1
- ☒ 0 Highest/High/Moderate Severity with only Low Severity 0
5. **Number of Category I or II Rule Violations, Predatory/Assaultive Behavior (rate last 3 years)**
- ☒ 3+ Category I or II Reports 12-14-15 & 7-19-16, 4104 & 3-28-16 4235 4
- ☐ 1-2 Category I or II Reports 2
- ☐ 0, No Category I or II Reports 0

Score 1-5

Custody Score based on items 1-5: 7-9 Medium Restricted / 10-14 Close / 15+ Maximum 16

6. **Number of Disciplinary Reports (rate last 6 months)**
- ☐ 3+ Reports or Return from Community Placement for disciplinary reasons 4
- ☐ 1-2 Reports 2
- ☒ No Major/Severe Reports 0
7. **Performance in Recommended Treatment/Education Programs**
- ☒ Non-Compliant New Freedom Aggression and Violence 4
- ☐ Waiting for treatment / currently enrolled 0
- ☐ All recommended programs completed -1
8. **Institutional Adjustment / Work Performance (rate last 6 months)**
- ☐ Poor ratings from both Work and Housing Unit Team 2
- ☐ 1 Poor rating from either Work or Housing Unit Team 1
- ☒ Positive ratings from both Work and Housing Unit Team 0
- ☐ Positive ratings from both Work and Housing Unit Team for 3 years -1

CLASSIFICATION INSTRUMENT

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

-Page 2-

Name: Whitford, MakueeyapeeMSP/DOC# 3015941Unit: LHU2**9. Sentence Remaining (total of all consecutive sentences)**Time Remaining: 56 yrs☐ Sentenced prior to April 12, 1995☒ Sentenced after April 12, 1995☐ Designated Dangerous Offender (multiply x 2)

	<u>Score</u>		<u>Score</u>
<input type="checkbox"/> 30+ years/life sentence	2	<input checked="" type="checkbox"/> 30+ year sentence/life sentence	5
<input type="checkbox"/> 11-29 years	1	<input type="checkbox"/> 11-29 year sentence/total of consecutive	1
<input type="checkbox"/> 1-10 years	0	<input type="checkbox"/> 1-10 year sentence/total of consecutive	0

TOTAL SCORE Item 6-9:

9

Total Points Item 1-5:

16

Total Points:

25

Custody Based on Item 1-5:

MAX

Custody Based on Total Points:

MAX

Preliminary Custody Level:

MAX

Recommended Custody Level:

CLOSE

CUSTODY SCORE BASED ON ITEMS 1-5	Medium Restricted 7-9	Close 10-14	Maximum/Ad Seg/Ad Seg Restricted 15+
----------------------------------	-----------------------	-------------	--------------------------------------

TOTAL POINTS SCALE - If inmate scores less than 7 points on Risk Items 1-5, use Total points to designate custody

Minimum/Unrestricted 0-3

Minimum/Restricted 4-8

Medium/Unrestricted 9-11

Medium/Restricted 12-16

Close 17-22

Maximum/Ad Seg/Ad Seg Restricted/Death Penalty 23+ points

Override Factors:Special Management ☐Medical ☐Detainer ☐Exemplary Institutional Adjustment ☐Court Ordered ☐Institutional Need ☐ Click here to enter text.Psychiatric / Suicide Risk ☐Escape Threat ☐Investigation Pending ☐Adjustment Problem / Violence Threat ☐Inmate Need Click here to enter text. ☐

Final Custody Level:

CLOSE

Comment from CM or Designee:

Inmate Whitford arrived at MSP in 2015 & was placed at CCC for almost a year. While at CCC he accumulated four major write ups including two assault infractions. Inmate Whitford since being transported back to MSP has not been a management problem. He has refused to comply with New Freedom Programming, Aggression and Violence, CD due to his substance violation. He will be non compliant until he attends the CD New Freedom and has six months clear conduct. His emergency contact is current and valid. Placement in general population is recommended.

Comment from UM or Designee:

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

Inmate Whitford has completed his locked housing plan at this time. Whitford was initially scheduled to complete level 4 and return to G.P. on 5/5/17, however new information was discovered and he was extended another 90 days making his locked housing plan complete on 8/5/17. Whitford hasn't been a management problem for LHU2 staff and at this time I recommend an override to close custody and placed in general population.

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

LOCKED HOUSING STATUS REVIEW

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Date: 6/30/2017

Housing Unit: LHU2 ST: Biltoft UM: Clark

Separation Needs: ☒ Atypical designation(s) NoneActivation of BMP within last 30 days ☐ Yes ☒ No BMP Clearance Date: [Click here to enter a date.](#)Activation of SMP within last 30 days ☐ Yes ☒ No SMP Clearance Date: [Click here to enter a date.](#)Mental Health Referral/Contact within the last 30 days ☐ Yes ☐ NoMonthly review from MH/Therapist: [Click here to enter text.](#)

New Freedom Programming

Packet Title	Date Provided to inmate	Completion Date	Incomplete/Non-Compliant
Aggression and Violence	-		Non-Compliant

Current Level: Level 4

Recommended Completion Level: Level 4

Reason for initial placement:

- ☐ Multiple disciplinary violations
☐ Refusal to leave locked housing
☒ Predatory/Violent/Assaultive Behavior
☐ Escape, Attempt or Facilitation to Escape
☐ Other [Click here to enter text.](#)

- ☐ Multiple locked housing placements
☐ STG activity
☐ Planning A serious disturbance/riot
☐ Death Sentence or pending death sentence

RECEIVED

JUL 08 2017

Classification & Placement
Office

Special Housing Needs:

- ☐ Spit Hood ☐ Restrictions ☐ Bottom bunk/tier ☐ Water Restrictions(flooding) ☐ ADA
☐ Escort Procedures/Special Security Procedures

Summary of current status and recommendations: Inmate Whitford was approved for locked housing placement by the ARC on 8-9-2016. Inmate Whitford is currently a level 4 and will remain a level 4 until he returns to general population. He was originally scheduled to return to population on 5-5-2017 but due to new information discovered it was decided to extend inmate Whitford another 90 days in locked housing. He is now scheduled to be reviewed for placement back to general population scheduled for 8-5-2017. He has not turned in any New Freedom material and is considered non-compliant but he is still encouraged to work on these packets. At this time, no changes will be made to his locked housing status.

I Refused to sign refuse to participate in my locked housing status review.

I _____ have participated in my locked housing status and understand I may appeal the current review to the Unit Manager and that if I am reduced two or more levels due to disciplinary or behavior it will be reviewed by the Admin Review Committee.

Locked Housing Unit ST or CM: _____

White-Mail

Yellow-6 part file

Pink-Inmate

EXHIBIT D
EXHIBIT D

MISSOURI DEPARTMENT OF CORRECTIONS
LOCKED HOUSING STATUS REPORT

NAME: Whitford (LAST) Makueeyapee (FIRST) (MI) **AO#:** 3015941

UNIT: LHU-2 **DATE:** 4/24/2017

Locked Housing Status: Max 4 **Date classified to custody:** 12/6/2016
Estimated Release Date: 5/5/2017

LOCKED HOUSING PROGRAMS

	Compliant	Non Compliant
New Freedom: Agression and Violence	X	

	YES	NO
Separation Needs	X	
Activation of BMP within the last 30 days		X
BMP Clearance		X
Mental Health Referral/Contact within the last 30 days		X
Other:		

	Positive	Negative
Behavior	x	
Housing	x	

Last misconduct violation:	1-3-17: 4212- Damage Block/Cell Door
-----------------------------------	--------------------------------------

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MAY 15 2017

Classification & Placement
Office**Comments:**

Inmate Whitford arrived to LHU2 on 1-30-17 and per his Locked Housing Plan has been approved for 150 days at Max Custody with a review for placement back to general population scheduled for 5-5-17. He is currently at Level 4 and will remain on Level 4 until he returns to general population. He currently has maintained three months clear conduct and has not been a UMT problem in LHU2. He was issued a New Freedom packet and as of yet I have not recieved any completed material. This issue will be discussed with him at his 30 day review and will be considered non-compliant next month if no New Freedom material is turned in. The LHU2 UMT is not recommending any changes to his locked housing plan at this time.

Refused to sign
Inmate Signature

5-2-17
Date

ST Billoft
Staff Signature

4/24/2017
Date

White - File

Yellow - Six Part File

Pink - Inmate

EXHIBIT D
EXHIBIT D

B20M

AMENDED LOCKED HOUSING INMATE MANAGEMENT PLAN

Name	Whitford	Makueeyapee	Number	3015941	Date	5/3/2017
	Last	First				
Unit	LHU-2	Classification Date	8/8/2016			
Current Custody Status	Max	ST	Biltoft	UM	Clark	

Current Locked Housing Recommendation-Include Programming required and length of

Comments: clear conduct. This plan may be modified when negative or positive behavior is established.

This is an amended locked housing plan for inmate Whitford. During a placement meeting inmate Whitford was discussed and after further review from multiple departments it was discovered that inmate Whitford had a weapon and he used it on another inmate during his assault that happened on 7-14-16. During this assault inmate Whitford had a sharpened piece of acrylic and he used it to stab another inmate in his back near his right ribs. This information was not provided during inmate Whitford's previous locked housing plan. Inmate Whitford was originally approved Ad Seg placement by ARC on 8/8/2016 while at CCC in Shelby. He was transported back to MSP on 11/17/2016 to finish Ad Seg time. His file shows this is his first Ad Seg placement and he has no previous Max placements. Due to two assaults in one year, the first (12/14/15) he continued to stomp on the head of the inmate he assaulted after that inmate obeyed orders to get on the ground. The LHU-2 UMT is recommending extending inmate Whitford's locked housing plan for 90 days, starting on 5-5-2017. During this time in locked housing Inmate Whitford is expected to maintain clear conduct, comply with any treatment recommendations, complete the Aggression and Violence New Freedom packet which has still not been completed. This plan will be reviewed monthly and changes may be made in accordance with his attitude and behavior.

	<u>month/year</u>	<u>month/year</u>
	<u>Time Frame</u>	<u>Estimated Start/Release Date</u>
ADSEG	Not Recommended	
MAX	90	5/5/17
		8/5/17
Previous Restricted Ad Seg Placements	0	Number of previous placements
Previous Ad Seg Placements	0	
Previous Max Placements	0	

Category I or II placements while in Locked Housing (List per incident)

N/A

Current Behavior I
Goal:

Inmate Whitford arrived in prison on 12/14/2015. Since that time he has been found guilty of (4104) Assaulting another inmate x 2 and (4235) Threatening Staff x 1. In order to assist Inmate Whitford in changing his aggressive behaviors he will be issued the Aggression and Violence New Freedom packet.
Aggression and Violence Binder
Aggression and Violence
Understanding Yourself #1
Living a Non-Violent Life
What's Wrong With Being Tough-Minded
Understanding Yourself #2
Living A Non-Violent Life Part 2
What's Wrong With Holding My Anger?

Current Behavior II
Goal:

Current Behavior II
Goal:

Classification Specialist

Inmate Signature

Appeal Yes ☒ No ☐

Use standard appeal

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MAY 8 2017

Classification & Placement
Office

Locked Housing Status:	Max 4	Date classified to custody:	12/6/2016
		Estimated Release Date:	5/5/2017

	Compliant	Non Compliant
New Freedom: Agression and Violence	X	

	YES	NO
Separation Needs	X	
Activation of BMP within the last 30 days		X
BMP Clearance		X
Mental Health Referral/Contact within the last 30 days		X
Other:		

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APR 02 2017

Classification & Placement
Office

	Positive	Negative
Behavior	x	
Housing	x	

Last misconduct violation:	1-3-17: 4212- Damage Block/Cell Door
----------------------------	--------------------------------------

Inmate Whitford arrived to LHU2 on 1-30-17 and per his Locked Housing Plan has been approved for 150 days at Max Custody with a review for placement back to general population scheduled for 5-5-17. He is currently at Level 4 of the EPP and will remain on Level 4 until he returns to general population. While in LHU2 he will continue to work on New Freedoms Materials, maintain clear conduct, follow all unit rules, and obey all staff orders. He currently has maintained nearly three months clear conduct and has not been a UMT problem in LHU2.

Inmate Signature

3/31/2017

Date _____

CM Pfisterer

3/31/2017

Staff Signature

Date _____

White - File

Yellow - Six Part File

Pink - Inmate

EXHIBIT D
EXHIBIT D

**M TANA DEPARTMENT OF CORRECTIONS
LOCKED HOUSING STATUS REPORT**

NAME: Whitford Makueeyapee **AO#:** 3015941
(LAST) (FIRST) (MI)

UNIT: LHU-2 **DATE:** 2/17/2017

Locked Housing Status: Max 3 **Date classified to custody:** 12/6/2016
Estimated Release Date: 5/5/2017

LOCKED HOUSING PROGRAMS

	Compliant	Non Compliant
New Freedom: Agression and Violence	X	

	YES	NO
Separation Needs	X	
Activation of BMP within the last 30 days		X
BMP Clearance		X
Mental Health Referral/Contact within the last 30 days		X
Other:		

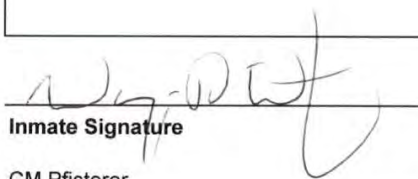
	Positive	Negative
Behavior	x	
Housing	x	

Last misconduct violation:	1-3-17: 4212- Damage Block/Cell Door
-----------------------------------	--------------------------------------

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MAR 05 2017
Classification & Placement
Office

Comments:

Inmate Whitford arrived to LHU2 on 1-30-17 and per his Locked Housing Plan has been approved for 150 days at Max Custody with a review for placement back to general population scheduled for 5-5-17. He is currently at Level 3 of the EPP and will moved to Level 4 on 3-5-17. While in LHU2 he will continue to work on New Freedoms Materials, maintain clear conduct, follow all unit rules, and obey all staff orders. He currently has maintained one month of clear conduct and has not been a UMT problem in LHU2.


Inmate Signature

CM Pfisterer
Staff Signature

2/17/2017
Date

2/17/2017
Date

White - File

Yellow - Six Part File

Pink - Inmate

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

DEC 30 2016

Inmate Name: Whitford Last name Makueeyapee First Name ID # 3015941Date: 12-29-16 Time: 2304 Place of Incident: F-BlockRoom/Cell: LF-4 Housing Unit: LHU-2 Job Assignment: M-3Infraction Number(s) & Name(s) (4210) Destroying, altering, or damaging facility property or the property of another person including flooding,
(4212) Willfully tampering with, damaging or blocking a locking device, fence, door, gate, window or other security safety device.Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____Description of Violation: (who, what, why, where, when and how): on the above date and time I James Ward while working the satellite cage in LHU-2, saw inmate whitford pounding on his cell door so hard that he caused the door alarm to malfunction on UF-7. E.O.R.REPORTING STAFF MEMBER: James Ward (Print Name) James R. Ward (Sign Name)

Supervisor Review: _____ (Print Name) _____ (Sign Name)

Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ Other
Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 1/3/17 Time: any hrs. Place: LHU-2
- I understand the charge(s)? ☒ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☒ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Be present at the hearing and present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☐ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☐Waiver to Attend Hearing ☒Refusal to Attend Hearing ☐Inmate Name: Whitford Makueeyapee ID #: 301Date: 12/30/16 Time: 1030 Housing Unit: 2402Infraction Number(s) and Description: 4210- Damaging property
4212- Tampering w/locking device☐ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** _____

_____*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*

Inmate Signature: _____ Date: ____/____/____

☒ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.Inmate Signature: Refused to Sign (DW) Date: ____/____/____☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team Kure Date: 12-30-16

Administrative Review Signature: _____ Date: ____/____/____

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford Makuee/Apec ID # 3818941 Date: 1/3/17
Infraction Number(s) & Name(s) 4210 - destroy property 4212 - tamper door
☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: _____

chute waived his hearing.

Evidence Provided: chpaction report

Findings: ☒ Guilty of # 4212 ☐ Not Guilty of # 4210

Evidence Relied On: chpaction report / I checked with unit staff they stated the inmate did not destroy anything he just set the light off in the cage. the evidence does not support the charge of 4210.

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 4212 - 15 DAYS cell restriction
15.00 FINE

Reason(s) for findings: _____

*chute pulled his door, set
hysol that he set off the door alarm in the cage.
The staff were able to reset the alarm.*

ADMINISTRATIVE REVIEW / DATE 1/4/17

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM Don I. Falkner

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____

chute waived his hearing.

Copies to: Records (White)
Revised: December 2014

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

EXHIBIT D
EXHIBIT D

Re
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LOCKED HOUSING INMATE MANAGEMENT PLAN

Name Whitford Makueeyapee Number 3015941 Date 12/8/2016
 Last First
 Unit LHU-1 Classification Date 8/8/2016
 Current Custody Status Ad Seg CM O'Brien UM Jovanovich

Comments: Current Locked Housing Recommendation-Include Programming required and length of clear conduct. This plan may be modified when negative or positive behavior is established.

Inmate Whitford was approved Ad Seg custody by ARC on 8/8/2016 while at CCC in Shelby. On 7/19/2016 he was found guilty of (4104) Assaulting Another Inmate. That is his second assault since being incarcerated in December of 2015. The details of the severity of the most recent assault were not available. He was transported back to MSP on 11/17/2016 to finish Ad Seg time. His file shows this is his first Ad Seg placement and he has no previous Max placements. Due to two assaults in one year, the first (12/14/15) he continued to stomp on the head of the inmate he assaulted after that inmate obeyed orders to get on the ground. The LHU-I UMT is recommending 120 days in Ad Seg followed by 120 days in LHU-II. During this time in locked housing Inmate Whitford is expected to maintain clear conduct, comply with any treatment recommendations, complete the Aggression and Violence New Freedom packet. This plan will be reviewed monthly and changes may be made in accordance with his attitude and behavior.

	Time Frame	month/year Estimated Start/Release Date	month/year Estimated Release Date
ADSEG	120	8/8/16	12/6/16
MAX	150	12/6/16	5/5/17

Previous Restricted Ad Seg Placements 0 Number of previous placements
 Previous Ad Seg Placements 0
 Previous Max Placements 0

Category I or II placements while in Locked Housing (List per incident)

N/A

Current Behavior I Goal: Inmate Whitford arrived in prison on 12/14/2015. Since that time he has been found guilty of (4104) Assaulting another inmate x 2 and (4235) Threatening Staff x 1. In order to assist Inmate Whitford in changing his aggressive behaviors he will be issued the Aggression and Violence New Freedom packet.
 Aggression and Violence Binder
 Aggression and Violence
 Understanding Yourself #1
 Living a Non-Violent Life
 What's Wrong With Being Tough-Minded
 Understanding Yourself #2
 Living A Non-Violent Life Part 2
 What's Wrong With Holding My Anger?

Current Behavior II Goal:

Current Behavior II Goal:

Classification Specialist

Inmate Signature
 Appeal Yes ☐ No ☐

Use standard appeal

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 DEC 14 2016
 Classification & Placement
 Office

Main File-White

6 Part File- Canary

Inmate Copy-Pink

EXHIBIT D
 EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐

Inmate Name:

Whitford

Last name

Makveeyapee

First Name

ID # 3015941Date: 12-5-16Time: 2350Place of Incident: E-Block Dayroom in Locked Housing 1Room/Cell: UE8Housing Unit: Locked Housing 1Job Assignment: 99999 - Unassigned

Infraction Number(s) & Name(s)

4107 - Possessing or introducing any illegal/unauthorized drugs
4220 - Obstructing, hindering, or impeding staff

Staff Witness: 1. _____

2. _____

Other Inmates involved 1. Rollings, Andrew AO # 3011024

2. _____

Description of Violation: (who, what, why, where, when and how):

On the above date and approximate time I, Correctional Officer Tyler Mayer, was conducting count in Locked Housing one. Upon reaching the upper tier of E-Block I noticed a string running between UE9 which houses inmate Whitford, Makveeyapee AO # 3015941, and UE8, which houses inmate Rollings, Andrew AO # 3011024. In the middle of the string was an envelope. I stepped on it, tearing the string from it, and secured it. Upon inspection I discovered three orange, pentagonal pills that I later verified through the infirmary were Exxon.

EOR

REPORTING STAFF MEMBER:

Tyler Mayer

(Print Name)

Tyler Mayer

(Sign Name)

Supervisor Review:

(Print Name)

(Sign Name)

Inmate Status:

☐ Pre-Hearing Confinement☒ Release to Previous Status☐ Other

Reason: _____

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

(Shift Supervisor's Signature)

(Date)

(Warden or Designee Signature)

(Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: 12/8/16Time: any hrs.Place: LH01

2. I understand the charge(s)?

☒ Yes☐ No (if no, verbally explain the charge(s) to the inmate).

3. I waive my right to a hearing?

☒ Yes☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)4. Be present at the hearing and present evidence and witnesses on my behalf. ☐ Yes ☒ No If inmate has witnesses, have him/her complete a Witness Request form

5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure:

R. S. J.

(Staff Signature)

12-6-16

(Date & Time)

(Inmate's Signature / ID#)

Copies to: Records (White)

Parole Board-Majors only (Yellow)

Housing Unit (Pink)

Inmate (Goldenrod)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

Agreement / Waiver / Refusal Form

Major/Minor Inmate Disciplinary Infractions

Agreement ☐Waiver to Attend Hearing ☒Refusal to Attend Hearing ☐Inmate Name: Whitford Makneeyapee ID #: 3015941Date: 12/6/16 Time: 1520 Housing Unit: LHU1Infraction Number(s) and Description: 4107- narcotics
4220- obstructing☐ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.**For Sanction Purposes:** [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] **Grid Level to Use:** _____
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).**Sanctions:** _____

_____*I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above, and waive my right to a hearing and appeal.*

Inmate Signature: _____ Date: ____/____/____

☒ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.Inmate Signature: Refused to sign Date: ____/____/____☐ **Refusal to Attend Disciplinary Hearing:***I told Inmate _____ that it was time for his/her hearing. (S)he refused/declined to attend. (S)he was advised that the hearing would proceed on the basis of evidence provided. (S)he still refused/declined stating: _____*

Inmate Signature: _____ Date: ____/____/____

Officer/Witness Signature: _____ Date: ____/____/____

Disciplinary Hearing Officer/Unit Disciplinary Team Ruri Date: 12/6/16

Administrative Review Signature: _____ Date: ____/____/____

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)
Revised: December 2014EXHIBIT D
EXHIBIT D

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

MAJOR ☒

MINOR ☐

Inmate's Name: Whitford Makueyapee ID # 301554 Date: 12/8/16

Infraction Number(s) & Name(s) 4107-NARCOTICS 4220-OBSTRUCTIVE STAFF

☐ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: inmate received his hearing

Evidence Provided: chpaction report

Findings: ☒ Guilty of # 4107/4220 ☐ Not Guilty of # _____

Evidence Relied On: chpaction report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 3
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): 4107-20 DAYS cell restriction

4220-\$11.00 FINE

Reason(s) for findings:

inmate tried trying to pass or receive pills through pushing for another inmate on his block.

ADMINISTRATIVE REVIEW / DATE

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☒ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: inmate received his hearing

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

CLASSIFICATION SUMMARY

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Facility/Unit: CCC

Type of Classification: Reclass Classification Date: 11/14/2016 Next Review Date: 5/14/2017
 Current Custody: ADSEG Current Assignment: Labor Pool 801
 Final Custody: ADSEG Final Assignment: Labor Pool 801

Parole Date: 03/09/2038 Discharge Date: 02/28/2073Detainer/Warrant/Notification: ☐ Yes ☒ No State/County: _____Separation Needs: ☒ Active ☒ Inactive ☒ Initiate ☐ RemoveAtypical: ☐ Yes ☒ No Explain if other _____STG Review: ☐ Yes ☒ NoOverride: ☐ Yes ☒ No ☐ Continue Override Factor: _____Confidential Information: ☐ Yes, in: _____ ☒ No

PREA: ☒ Yes, Date 07/19/2016 ☐ No Emergency Contact valid: ☒ Yes ☐ No
 MORRA COMPLETE DATE 06/01/2015 MORRA RISK LEVEL HIGH

TREATMENT STATUS

TYPE OF REFERRAL	Screened/Enrolled	Failed	Active	Complete
SOP I TX	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOP II TX	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD TX ITU	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL HEALTH	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANGER MANAGEMENT	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUC GED/Hiset	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TSCTC/PRC	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENTING	Choose an item. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CP&R I/II/III	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER T4C	Assessment Need <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Admin Review / Special Committee Signature / Date

DEC 15 2016

Classification & Placement
Office

Appeal: ☐ Yes ☐ No
 Classification Officer: C. Wandler Unit Manager: B. Johnson
 Inmate Signature: _____ Date: _____

CLASSIFICATION INSTRUMENT

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

- Page 1 -

Name: Whitford, Makueeyapee MSP/DOC Number: 3015941 Unit: CCC

1. **Severity of Institutional Misconduct** (rate last 3 years)
- ☒ Category I Reports 12/14/2015(4104), 07/19/2016(4104) 6
- ☐ Category II Reports 3/28/2016(4235) 3
- ☐ 3+ Category III Reports _____ 1
- ☐ No violations within last 3 years _____ 0
2. **Most serious current conviction, Detainer or Warrant**
- ☒ Highest Severity Deliberate Homicide 6
- ☐ High Severity _____ 5
- ☐ Moderate Severity _____ 1
- ☐ Low Severity _____ 0
3. **Escape History** (rate last 3 years)
- ☐ Escape or attempted escape from a secure facility (WRC classified secure) _____ 6
- ☐ Escape/walk away from PRC, TSCTC _____ 4
- ☐ Walk away from work release or monitoring program _____ 2
- ☒ No violations within last 3 years _____ 0
4. **Severity of Felony Convictions within the last 7 years** (do not include current conviction)
- ☐ 1+ Highest Severity or 3+ High Severity _____ 4
- ☐ 1-2 High Severity _____ 3
- ☐ 0 Highest/High severity with 1+ Moderate Severity _____ 1
- ☒ 0 Highest/High/Moderate Severity with only Low Severity _____ 0
5. **Number of Category I or II Rule Violations, Predatory/Assaultive Behavior** (rate last 3 years)
- ☒ 3+ Category I or II Reports 07/19/16(4104), 03/28/16(4235), 12/14/15(4104) 4
- ☐ 1-2 Category I or II Reports _____ 2
- ☐ 0, No Category I or II Reports _____ 0

Score 1-5

Custody Score based on items 1-5: 7-9 Medium Restricted / 10-14 Close / 15+ Maximum 16

6. **Number of Disciplinary Reports** (rate last 6 months)
- ☐ 3+ Reports or Return from Community Placement for disciplinary reasons _____ 4
- ☐ 1-2 Reports _____ 2
- ☒ No Major/Severe Reports _____ 0
7. **Performance in Recommended Treatment/Education Programs**
- ☐ Non-Compliant _____ 4
- ☐ Waiting for treatment / currently enrolled CD-ITU(#422), AM (#298), T4C orCP&R
- ☒ I/II/III(#803) 0
- ☐ All recommended programs completed _____ -1
8. **Institutional Adjustment / Work Performance** (rate last 6 months)
- ☐ Poor ratings from both Work and Housing Unit Team _____ 2
- ☐ 1 Poor rating from either Work or Housing Unit Team _____ 1
- ☒ Positive ratings from both Work and Housing Unit Team satisfactory 0
- ☐ Positive ratings from both Work and Housing Unit Team for 3 years _____ -1

WHITE-MAIN FILE

CANARY-COUNSELOR

PINK-INMATE

BLUE FORMS (ATYPICAL-SEPARATION) FOR MAIN FILE AND COUNSELOR FILE ONLY

EXHIBIT D
EXHIBIT D

CLASSIFICATION INSTRUMENT

-Page 2-

Name: Whitford, Makueeyapee MSP/DOC# 3015941 Unit: CCC

9. Sentence Remaining (total of all consecutive sentences)

Time Remaining:

56 years, 3 months, 14 days

- ☐ Sentenced prior to April 12, 1995 ☒ Sentenced after April 12, 1995
- ☐ Designated Dangerous Offender (multiply x 2)

	<u>Score</u>		<u>Score</u>
<input type="checkbox"/> 30+ years/life sentence	2	<input checked="" type="checkbox"/> 30+ year sentence/life sentence	5
<input type="checkbox"/> 11-29 years	1	<input type="checkbox"/> 11-29 year sentence/total of consecutive	1
<input type="checkbox"/> 1-10 years	0	<input type="checkbox"/> 1-10 year sentence/total of consecutive	0

TOTAL SCORE Item 6-9:

9

Total Points Item 1-5:

16

Total Points:

24

Custody Based on Item 1-5:

ADSEG

Custody Based on Total Points:

ADSEG

Preliminary Custody Level:

ADSEG

Recommended Custody Level:

ADSEG

CUSTODY SCORE BASED ON ITEMS 1-5	Medium Restricted 7-9	Close 10-14	Maximum/Ad Seg/Ad Seg Restricted 15+
TOTAL POINTS SCALE - If inmate scores less than 7 points on Risk Items 1-5, use Total points to designate custody			
Minimum/Unrestricted 0-3	Minimum/Restricted 4-8		
Medium/Unrestricted 9-11	Medium/Restricted 12-16		
Close 17-22	Maximum/Ad Seg/Ad Seg Restricted/Death Penalty 23+ points		

Override Factors:

Special Management

☐

Medical

☐

Detainer

☐

Exemplary Institutional Adjustment

☐

Court Ordered

☐Institutional Need ☐ Click here to enter text.

Psychiatric / Suicide Risk

☐

Escape Threat

☐

Investigation Pending

☐

Adjustment Problem / Violence Threat

☐

Inmate Need Click here to enter text.

☐

Final Custody Level:

ADSEG

Comment from CM or Designee:

Inmate Whitford arrived at CCC on 08/04/2015. He is compliant with treatment programs, and is on the wait list for recommended treatment. Inmate Whitford has 3 disciplinary infractions for Tattooing, Threatening, and Assault. Inmate Whitford receives a satisfactory housing evaluation and is in the labor pool. Inmate Whitford has not seen the Board. The Unit Team is recommended placement as scored Ad Seg, increase in custody due to disciplinary infractions which score him 4 points on #5.

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EXHIBIT D
EXHIBIT D

Comment from UM or Designee:

I concur with placement as scored Ad Seg, increase in custody due to disciplinary infractions which score him 4 points on #5. Inmate Whitford has now assaulted 2 inmates while at Crossroads and threatened staff, his behavior has escalated to the point that he puts himself and other at risk for further placement in general population

Per Licensed Clinical Social Worker for Mental Health Negrete "There are no issue with placement or a prolonged stay in Segregation for Inmate Whitford"

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EXHIBIT D
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